

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000114664

FILED
Apr 08, 2011
Secretary of State

Entity Name: GULF REGION CLINICAL RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

8333 N DAVIS HWY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8333 N DAVIS HWY
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-2193856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W ROMANA STREET STE 800
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: EVP
Name: POPPLE, M. A.
Address: 8333 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: CEO
Name: REDMOND, M. R.
Address: 8333 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: PRES
Name: MURRAY, J.D.
Address: 8333 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: VP
Name: VANDENBERG, MICHAEL K
Address: 8333 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: ST
Name: SEEKER, STEVE
Address: 8333 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. A. POPPLE

EVP

04/08/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date