

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000119324

FILED
May 01, 2011
Secretary of State

Entity Name: INNOVATED CLINICAL RESEARCH, LLC

Current Principal Place of Business:

5535 GRAND BOULEVARD
C
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5535 GRAND BOULEVARD
C
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FORTNER, FLORENDA L MD
5535 GRAND BOULEVARD
C
NEW PORT RICHEY, FL 34652 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: MGRM
Name: SABELLA, TINA M
Address: 5535 GRAND BOULEVARD SUITE C
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGRM
Name: FORTNER, FLORENDA L MD
Address: 5535 GRAND BOULEVARD SUITE C
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGRM
Name: FACKELMAN, ERIN J
Address: 5535 GRAND BOULEVARD SUITE C
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: ERIN FACKELMAN

MGRM

05/01/2011

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