

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000002789

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** MARQUEZ CLINICAL SITE PARTNERS, LLC

**Current Principal Place of Business:**

8 STILLHOUSE PLACE  
MONTEREY, TN 38574 US

**New Principal Place of Business:**

27881 SW 139 CT  
MIAMI, FL 33032 US

**Current Mailing Address:**

8 STILLHOUSE PLACE  
MONTEREY, TN 38574 US

**New Mailing Address:**

27881 SW 139 CT  
MIAMI, FL 33032 US

**FEI Number:** 27-4551599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARQUEZ, ANA T  
55 WEST CHURCH STREET  
#1915  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

MARQUEZ, ANA T  
27881 SW 139 CT  
MIAMI, FL 33032 US

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: ANA T MARQUEZ

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARQUEZ, ANA T  
Address: 8 STILLHOUSE PLACE  
City-St-Zip: MONTEREY, TN 38574 US

Title: MGR  
Name: MARQUEZ, PAUL J  
Address: 8 STILLHOUSE PLACE  
City-St-Zip: MONTEREY, TN 38574 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: ANA T. MARQUEZ

MGRM

04/26/2012

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