2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

DOCUMENT# L11000092695

Entity Name: ALPHAONE CLINICAL, LLC

Current Principal Place of Business:

522 HUNT CLUB BLVD.
#317
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

522 HUNT CLUB BLVD.
#317
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 45-3026130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORTIZ-RAVENTOS, MICHELLE D
522 HUNT CLUB BLVD.
#317
APOPKA, FL 32703 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: ORTIZ-RAVENTOS, MICHELLE D
Address: 522 HUNT CLUB BLVD #317
City-St-Zip: APOPKA, FL 32703 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 Statues.

SIGNATURE: MICHELLE ORTIZ-RAVENTOS MGMR 03/26/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date