

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000567

1. Entity Name

FLORIDA PHYSICIANS RESEARCH ASSOCIATES, L.L.C.

FILED

01 APR 10 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4004 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE FL 32216

Mailing Address

4004 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2141020 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOREN, MICHAEL J M.D.  
4004 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200004017192--6  
-04/19/01--01023--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
KOREN, MICHAEL J M.D.  
STREET ADDRESS 4004 UNIVERSITY BLVD., SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEMBER ☐ Change ☒ Addition  
STREET ADDRESS Jacksonville Center for Clinical Research, Ltd  
CITY-ST-ZIP 4004 University Blvd S  
Jacksonville FL 32216

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/27/01

CR2E083 (11/00)