

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90234 037 ****50.00

DOCUMENT # L99000000567

1. Entity Name

FLORIDA PHYSICIANS RESEARCH ASSOCIATES, L.L.C.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2141020

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

TITLE **M** ☐ Delete
 NAME **JACKSONVILLE CENTER FOR CLINICAL RESEARCH**
 STREET ADDRESS **4004 UNIVERSITY BLVD., SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SAPROL

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

Date

Daytime Phone #

CR2E083 (9/01)