

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State

5/1/

05-01-2003 90272 028 ****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

44002730

2. Principal Place of Business

6428 Beach Blvd

3. Mailing Address

6428 Beach Blvd



☒ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

~~592141020~~
52-2141020

Applied For

Not Applicable

Zip

32216

Country

Zip

32216

Country

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)

6428 Beach Blvd

City

Jacksonville

FL

Zip Code

32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

☐ Delete

NAME

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

M

☐ Delete

NAME

JACKSONVILLE CENTER FOR CLINICAL RESEARCH
4004 UNIVERSITY BLVD., SOUTH
JACKSONVILLE FL 32216

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE

managing member

☒ Change ☐ Addition

NAME

Michael J. Koren

STREET ADDRESS

CITY-ST-ZIP

TITLE

member manager

☒ Change ☐ Addition

NAME

Michael J. Koren

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

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

Michael J. Koren 5/22/03 1717

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

Date

Daytime Phone #

CR2E083 (1002)