

2000 UNIFORM BUSINESS REPORT (UBR)

0011713 AF

DOCUMENT # L99000006209

1. Entity Name
RENAISSANCE CLINICAL RESEARCH GROUP L.L.C.

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4705 NORTH ARMENIA AVE. TAMPA FL 33603	Mailing Address 4705 NORTH ARMENIA AVE. TAMPA FL 33603-2618
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2. Principal Place of Business Suite, Apt. #, etc. A City & State Zip	3. Mailing Address Suite, Apt. #, etc. A City & State Zip	Country
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4. FEI Number 59-3603838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BITTLE, POLLY
4705 NORTH ARMENIA AVE
TAMPA FL 33603

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 Polly Bittle POLLY BITTLE 1-12-00
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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, GERMAN 4705 NORTH ARMENIA AVE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVARRO, JESUS 4302 W. BEACH PARK DRIVE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003213686--1 -04/24/00--01028--007 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GERMAN RAMIREZ MD JESUS NAVARRO MD dec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # 813-353-8715 1/30/00

CR2E083 (9/99)