2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# M06000004980

Entity Name: ACT CLINICAL RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

860 PEACHWOOD DRIVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

860 PEACHWOOD DRIVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 20-4955965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TREVATHAN, BEN D
860 PEACHWOOD DRIVE
DELAND, FL 32720 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: MGR ( ) Delete
Name: TREVATHAN, BEN
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720

Title: MGR ( ) Delete
Name: DREGGORS, WAYNE
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: MILLER, JANET
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: BEN TREVATHAN VP 01/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date