

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000866

Entity Name: JACKSONVILLE CENTER FOR CLINICAL RESEARCH, LTD.

Current Principal Place of Business:

4085 UNIVERSITY BOULEVARD SOUTH
SUITE 1
JACKSONVILLE, FL 32216

Current Mailing Address:

4085 UNIVERSITY BOULEVARD SOUTH
SUITE 1
JACKSONVILLE, FL 32216 US

FEI Number: 59-3442008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOREN, MICHAEL J
4085 UNIVERSITY BOULEVARD SOUTH
SUITE 1
JACKSONVILLE, FL 32216 US

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

General Partner Detail :

Document # P97000034589
Name JCCR GENERAL, INC.
Address 4085 UNIVERSITY BOULEVARD,
SOUTH STE 1
City-State-Zip: JACKSONVILLE FL 32216

I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. KOREN

PARTNER

04/14/2014

Electronic Signature of Signing General Partner Detail

Date