
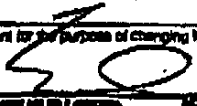



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 05-29-2008 90014022 ***138.75
 107000053820
 08 JUL 10 PM 3:18

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # L07000053820			
1. Entity Name MEDICAL RESEARCH SOLUTIONS, LLC			
Principal Place of Business 14370 HALTER RD WELLINGTON, FL 33414		Mailing Address 14370 HALTER RD WELLINGTON, FL 33414	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FSI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Debted		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AQUA KEITH A 8165-JOG ROAD SUITE 204 BOYNTON BEACH, FL 33437		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		Date: 4/30/08	
FILE MONDAY FEB 18 0136:78 After May 1, 2008 Fee will be \$438.75		State check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 6YZYGY RESEARCH SOLUTIONS, LLC 14370 HALTER ROAD WELLINGTON, FL 33414 <input type="checkbox"/> Delet	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J & J HOLDINGS LTD PARTNERSHIP 8801 WENDY LANE SOUTH WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delet	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"/> Delet	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"/> Delet	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"/> Delet	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. I hereby certify that the information supplied with this filing complies with the requirements contained in Chapter 118, Florida Statutes, and I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the receiver or trustee responsible to prepare this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 7/10/08	