

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 07, 2008
Secretary of State**

DOCUMENT# L07000113662

Entity Name: PALM BEACH CLINICAL INVESTIGATION, LLC

Current Principal Place of Business:

5205 VILLAGE BOULEVARD
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5205 VILLAGE BOULEVARD
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 75-3260264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANLON, M. TIMOTHY
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480 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: MGRM () Delete
Name: INFANTS AND CHILDREN, , P.A.
Address: 5205 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PD () Change (X) Addition
Name: ROMEAR, RONALD MD
Address: 5205 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify 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: RONALD ROMEAR, M.D.

PD

02/07/2008

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