

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113662

FILED
Mar 20, 2009
Secretary of State

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

ADDITIONS/CHANGES:

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

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

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 MD

PD

03/20/2009

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