

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113662

**FILED**  
**Feb 08, 2010**  
**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  
Name: INFANTS AND CHILDREN, P.A.  
Address: 5205 VILLAGE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33407

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

I hereby 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: DR. RONALD ROMEAR

PD

02/08/2010

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