2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2009
Secretary of State

DOCUMENT# M05000004015

Entity Name: THE CLINICAL RESOURCE NETWORK LLC

Current Principal Place of Business:

1140 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Principal Place of Business:

260 MADISON AVE
3RD FL
NEW YORK, NY 10016

Current Mailing Address:

1140 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Mailing Address:

260 MADISON AVE
3RD FL
NEW YORK, NY 10016

FEI Number: 05-0532326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

DAVIS, ERIC M
10407 CENTURION PKWY NORTH
SUITE 112
JACKSONVILLE, FL 32256 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: ERIC M. DAVIS 08/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THE SOLOMON - PAGE GROUP LLC
Address: 1140 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THE SOLOMON - PAGE GROUP LLC
Address: 260 MADISON AVE
City-St-Zip: NEW YORK, NY 10016

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: ERIC M DAVIS CFO 08/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date