

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080325

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: ALME CLINICAL SERVICES, L.L.C.

**Current Principal Place of Business:**

20775 NE 31ST PLACE  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20775 NE 31ST PLACE  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-3316238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SORSHER, ALEX  
2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021 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: MGR ( ) Delete  
Name: KEIFITZ, MIKHAEL E  
Address: 20775 NE 31ST PLACE  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: FLAKSMAN, ALLA V  
Address: 20775 NE 31ST PLACE  
City-St-Zip: AVENTURA, FL 33180

**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 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: MIKHAEL KEIFITZ

MGR

04/24/2006

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