

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080325

**FILED**  
**Mar 31, 2010**  
**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:**

3363 NE 163 STREET  
708  
NORTH MIAMI BEACH, FL 33160

**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  
Name: KEIFITZ, MIKHAEL E  
Address: 20775 NE 31ST PLACE  
City-St-Zip: AVENTURA, FL 33180

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

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: KEIFITZ,MIKHAEL

MGR

03/31/2010

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