2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L00000015783

Entity Name: HEALTHCARE RESEARCH & DEVELOPMENT INSTITUTE, L.L.C.

Current Principal Place of Business:

4400 BAYOU BLVD., STE. 34
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD., STE. 34
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3680719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APPLEYARD, DIANE P
4400 BAYOU BLVD., STE. 34
PENSACOLA, FL 32503 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	APPLEYARD, DIANE P	
Address:	4400 BAYOU BLVD., STE. 34	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	MGR	( ) Delete
Name:	MECKLENBURG, GARY	
Address:	251 E. HURON ST. SUITE 3-708E	
City-St-Zip:	CHICAGO, IL 60611	

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 Section 119.07(3)(i), 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: DIANE P. APPLEYARD MGR 04/28/2005

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