

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015783

FILED
Mar 21, 2006
Secretary of State

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/MANAGERS:

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 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: DIANE P. APPLEYARD

MGR

03/21/2006

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