

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

DOCUMENT # L01000003370

1. Entity Name
SCIENTIFIC MEDICAL RESEARCH LLC



05-12-2003 90995 001 *****5.00
05-12-2003 90995 002 *****50.00

Principal Place of Business **Mailing Address**
P.O. BOX 880414 P.O. BOX 880414
BOCA RATON FL 33488 BOCA RATON FL 33488

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1080007** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDDIQUI, M.FARHAN
14838 S. MILITARY TRAIL
DELRAY BEACH FL 33484

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *M. Farhan Siddiqui, MD* **04-24-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIDDIQUI, M. FARHAN MD MPH P.O. BOX 880414 BOCA RATON FL 33488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *SIGNATURE REQUIRED*

04-24-03 **561-703-7951**

CR2E083 (10/02)

Attachment

55040200
#L0100003370

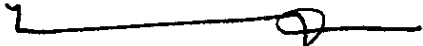
May 8, 2003

The Director
UBR 2003
State of Florida

Dear Sir or Madam:

I am sending you the UBR 2003 for a second time after it got returned for the first time because my office staff forgot to put stamps on the envelopes. It was put in the mail the first time on April 24, 2003. Please excuse the delay because of my staff mistake.

Thank you,



M. Farhan Siddiqui, MD, MPH
For
Scientific Medical Research, LLC (FEI # 65-1080007)