


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000006265</b> 1. Entity Name SOUTHERN CLINICAL RESEARCH CONSULTANTS, LLC	
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Principal Place of Business 4700M SHERIDAN ST HOLLYWOOD, FL 33021	Mailing Address 4700M SHERIDAN ST HOLLYWOOD, FL 33021
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1108582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SCHONFELD, WAYNE B 4700M SHERIDAN ST HOLLYWOOD, FL 33021
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

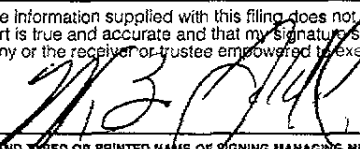
**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000079991  
03/08/04-20091-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHONFELD, WAYNE B MD 4700 M SHERIDAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISS, DAVID S MD 4700 M. SHERIDAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIGICOVSKY, BARRY MD 4700 M. SHERIDAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANER, JEFFREY B MD 4700 M. SHERIDAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLUCK, CHARLES A MD 4700 M. SHERIDAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **2-26-04** **(954) 961-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #