2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000006265

1. Entity Name
SOUTHERN CLINICAL RESEARCH CONSULTANTS, LLC

Principal Place of Business	Mailing Address
4700M SHERIDAN ST HOLLYWOOD, FL 33021	4700M SHERIDAN ST HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1108582

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHONFELD, WAYNE B
4700M SHERIDAN ST
HOLLYWOOD, FL 33021

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

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

H06000433864
3:02/06-80017-019 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2-16-06 954 985-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #