

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90114 035 ***138.75

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|--|--|--|--|---------------------------------------|--|
| DOCUMENT # L01000006265 1. Entity Name SOUTHERN CLINICAL RESEARCH CONSULTANTS, LLC | | | | | |
| Principal Place of Business 4700M SHERIDAN ST HOLLYWOOD, FL 33021 | | | Mailing Address 4700M SHERIDAN ST HOLLYWOOD, FL 33021 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 01242008 | | Chg-LLC | | CR2E083 (12/06) | |
| 4. FEI Number 65-1108582 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SCHONFELD, WAYNE B 4700M SHERIDAN ST HOLLYWOOD, FL 33021 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHONFELD, WAYNE B MD 4700 M SHERIDAN ST. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WEISS, DAVID S MD 4700 M. SHERIDAN ST. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MIGICOVSKY, BARRY MD 4700 M. SHERIDAN ST. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KANER, JEFFREY B MD 4700 M. SHERIDAN ST. HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GLUCK, CHARLES A MD 4700 M. SHERIDAN ST. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LANOVE, ALIX MD 4700 M SHERIDAN ST HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Lanoue, Alix MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>Wayne B. Schonfeld</u> WAYNE B. Schonfeld 4-8-08 985-0054 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |