

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006265

FILED
Jan 15, 2009
Secretary of State

Entity Name: SOUTHERN CLINICAL RESEARCH CONSULTANTS, LLC

Current Principal Place of Business:

4700M SHERIDAN ST
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4700M SHERIDAN ST
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-1108582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHONFELD, WAYNE B
4700M SHERIDAN ST
HOLLYWOOD, FL 33021 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: MGRM () Delete
Name: SCHONFELD, WAYNE B MD
Address: 4700 M SHERIDAN ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: WEISS, DAVID S MD
Address: 4700 M. SHERIDAN ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: MIGICOVSKY, BARRY MD
Address: 4700 M. SHERIDAN ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: GLUCK, CHARLES A MD
Address: 4700 M. SHERIDAN ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: LANOUE, ALIX MD
Address: 4700 M SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: WAYNE B. SCHONFELD

MGRM

01/15/2009

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