


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000007767	
<b>1. Entity Name</b> MEDICAL RESEARCH UNLIMITED L.L.C.	

<b>Principal Place of Business</b> 590 E 25TH ST STE 503 HIALEAH, FL 33013	<b>Mailing Address</b> 590 E 25TH ST STE 503 HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



07062005 No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 65-1105097	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  HELLER, ROBERT MD 590 E 25TH ST STE 503 HIALEAH, FL 33013
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**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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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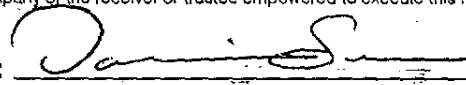
**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR HELLER, ROBERT MD PO BOX 402566 MIAMI BEACH, FL 33140
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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07/25/05-80005-015 50.00

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	<b>Damian Sosa</b>	<b>7/14/05</b>	<b>305-694-8686</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>