

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007767

FILED
Jan 19, 2009
Secretary of State

Entity Name: MEDICAL RESEARCH UNLIMITED L.L.C.

Current Principal Place of Business:

590 E. 25TH STREET
503
HIALEAH, FL 33013

New Principal Place of Business:

4410 W. 16TH AVENUE
61
HIALEAH, FL 33012

Current Mailing Address:

590 E 25TH ST
503
HIALEAH, FL 33013

New Mailing Address:

4410 W. 16TH AVENUE
61
HIALEAH, FL 33012

FEI Number: 65-1105097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTTMAN, MICHAEL
1033 W. 47TH STREET
MIAMI BEACH, FL 33140 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: ROTTMAN, MICHAEL
Address: 590 E. 25TH STREET, SUTE 503
City-St-Zip: HIALEAH, FL 33013

Title: MGRM () Delete
Name: ROTTMAN, PNINA
Address: 590 E. 25TH STREET, SUTE 503
City-St-Zip: MIAMI BEACH, FL 33013

Title: MGR () Delete
Name: RODRIGUEZ, MONICA
Address: 590 E. 25TH STREET, SUTE 503
City-St-Zip: HIALEAH, FL 33013

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:

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: MICHAEL ROTTMAN

MGRM

01/19/2009

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