

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009841

FILED
May 01, 2003
Secretary of State

Entity Name: MEDICAL RESEARCH INSTITUTE, L.L.C.

Current Principal Place of Business:

2727 WEST DR. M. L. KING BLVD., SU
SUITE 460
TAMPA, FL 33607

New Principal Place of Business:

15112 LAUREL COVE CIR.
ODESSA, FL 33556

Current Mailing Address:

2727 WEST DR. M. L. KING BLVD., SU
SUITE 460
TAMPA, FL 33607

New Mailing Address:

15112 LAUREL COVE CIR.
ODESSA, FL 33556

FEI Number: 65-1113699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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/MEMBERS:

Title: MGR (X) Delete
Name: ALAGONA, PETER
Address: 2727 W.M.L. KING BLV. SUITE 460
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Delete
Name: IEZZI, ALAN J
Address: 2727 W.M.L. KING BLV. SUITE 460
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Delete
Name: COTO, HUMBERTO
Address: 2727 W.M.L. KING BLV. SUITE 460
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: DRIMMER, AMI
Address: 2727 W.M.L. KING BLV. SUITE 460
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Delete
Name: CAPO, WILLIAM
Address: 2727 W.M.L. KING BLV. SUITE 460
City-St-Zip: TAMPA, FL 33607

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: MGR (X) Change () Addition
Name: DRIMMER, AMI
Address: 1112 LAUREL COVE CIR.
City-St-Zip: ODESSA, FL 33556

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DRIMME,AMI

MGR

05/01/2003

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