2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

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Entity Name: PHYSICIANS CLINICAL RESEARCH ALLIANCE, LLC

Current Principal Place of Business:

2825 NORTH STATE ROAD 7
204
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

2825 NORTH STATE ROAD 7
204
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 56-2351180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELOWITZ, PAUL A ESQ.
ONE SOUTHEAST THIRD AVENUE
28TH FL
MIAMI, FL 33131 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: RAFAEL RODRIGUEZ, M., D., P.A.
Address: 2825 NORTH STATE ROAD 7, SUITE 204
City-St-Zip: MARGATE, FL 33063 US

Title: MGRM ( ) Delete
Name: ERIC D. MOSKOW, M.D., , P.A.
Address: 2825 NORTH STATE ROAD 7, SUITE 204
City-St-Zip: MARGATE, FL 33063 US

ADDITIONS/CHANGES:

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: RAFAEL RODRIGUEZ, MD, PA MGRM 04/08/2008

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