

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016649

FILED  
Mar 11, 2009  
Secretary of State

**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: ERIC MOSKOW

MGRM

03/11/2009

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