

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000016649

**FILED**  
**Jan 04, 2010**  
**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  
**Name:** RAFAEL RODRIGUEZ, M.D., P.A.  
**Address:** 2825 NORTH STATE ROAD 7, SUITE 204  
**City-St-Zip:** MARGATE, FL 33063 US

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

I hereby 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

01/04/2010

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