

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90763 002 \*\*\*\*55.00

**DOCUMENT # L01000016649**

1. Entity Name  
**PHYSICIANS CLINICAL RESEARCH ALLIANCE, LLC**



Principal Place of Business  
**2825 NORTH STATE ROAD 7  
204  
MARGATE FL 33063  
US**

Mailing Address  
**2825 NORTH STATE ROAD 7  
204  
MARGATE FL 33063  
US**

**55035854**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2351180**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, JUAN J. ESQ.  
RODRIGUEZ & MACHADO, P.A.  
101 MADEIRA AVENUE  
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAFAEL RODRIGUEZ, M.D., P.A.  
2825 NORTH STATE ROAD 7, SUITE 204  
MARGATE FL 33063** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ERIC D. MOSKOW, M.D., P.A.  
2825 NORTH STATE ROAD 7, SUITE 204  
MARGATE FL 33063** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/4/03 (95A) 935-147**

CR2083 (10/02)