


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90106 017 ****50.00

DOCUMENT # L01000019452 1. Entity Name COMPREHENSIVE CLINICAL TRIALS, LLC					
Principal Place of Business 603 VILLAGE BLVD., SUITE 201 WEST PALM BEACH, FL 33409			Mailing Address 2861 MEADOW DR WEST PALM BEACH, FL 33414		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1153555 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BLOCH, STUART E 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACKERMAN, RONALD T M.D. 2861 LONG MEADOW DR WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA S ACKERMAN 2861 LONG MEADOW DR. WEST PALM BEACH, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <i>2/20/05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER/OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					