

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019452

FILED
Feb 24, 2007
Secretary of State

Entity Name: COMPREHENSIVE CLINICAL TRIALS, LLC

Current Principal Place of Business:

603 VILLAGE BLVD., SUITE 201
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2861 LONG MEADOW DR
WEST PALM BEACH, FL 33414

New Mailing Address:

FEI Number: 65-1153555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCH, STUART E
980 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON, FL 33432 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: MGR () Delete
Name: ACKERMAN, RONALD T M.D.
Address: 2861 LONG MEADOW DR
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGR () Delete
Name: ACKERMAN, BARBARA S
Address: 2861 LONG MEADOW DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414

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 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: RONALD ACKERMAN

DR.

02/24/2007

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