

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019452

**FILED**  
**Jan 26, 2011**  
**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 (X)**

**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  
**Name:** ACKERMAN, RONALD T M.D.  
**Address:** 2861 LONG MEADOW DR  
**City-St-Zip:** WEST PALM BEACH, FL 33414

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

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:** RONALD T. ACKERMAN, MD

CEO

01/26/2011

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