

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90187 037 \*\*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

2. Principal Place of Business

3. Mailing Address

*2801 Long Meadow Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*W. Palm Beach FL*

Zip

Country

Zip

Country

*33414*

*Palm Beach*

4. FEI Number

**65-1153555**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCH, STUART E  
980 NORTH FEDERAL HIGHWAY, SUITE 412  
BOCA RATON, FL 33432

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

TITLE **MGR** ☐ Delete  
NAME **ACKERMAN, RONALD T M.D.**  
STREET ADDRESS **603 VILLAGE BLVD., SUITE 201**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE *MGR* ☒ Change ☐ Addition  
NAME *RONALD ACKERMAN M.D.*  
STREET ADDRESS *2801 LONG MEADOW DR.*  
CITY-ST-ZIP *W. Palm Beach, FL 33414*

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

CR2E083 (10/02)