

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030928

FILED
Mar 20, 2009
Secretary of State

Entity Name: SOUTH BROWARD RESEARCH, LLC

Current Principal Place of Business:

1 SW 129TH AVENUE
109
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

2061 NW 2ND AVENUE
201
BOCA RATON, FL 33431

New Mailing Address:

7800 W OAKLAND PARK BLVD.
E 214
SUNRISE, FL 33351

FEI Number: 11-3704505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH
7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 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: BLAZE, KENNETH D.O.
Address: 1 SW 129TH AVENUE, STE 109
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR () Delete
Name: GONZALEZ, MANUEL M.D.
Address: 1 SW 129TH AVENUE, STE 109
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR () Delete
Name: SMETS, MICHAEL M.D.
Address: 1 SW 129TH AVENUE, STE 109
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Delete
Name: DI CAPUA, JOSEPH J
Address: 1 SW 129TH AVENUE, STE 109
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR () Delete
Name: DUDLEY, JEFF
Address: 1 SW 129TH AVENUE, STE 109
City-St-Zip: PEMBROKE PINES, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JOSEPH DI CAPUA

MGRM

03/20/2009

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