

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037853

FILED  
Aug 28, 2005  
Secretary of State

Entity Name: PHARMACEUTICAL RESEARCH SERVICES, LLC

**Current Principal Place of Business:**

147 SOUTH 19TH CIRCLE, S.W., SUITE #1  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

147 SOUTH 19TH CIRCLE, S.W., SUITE #1  
VERO BEACH, FL 32962

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: KEE, BERTHA A  
Address: 147 SOUTH 19TH CIRCLE, S.W., SUITE #1  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES:**

Title: MGRM  Delete  
Name: KEE, BERTHA A  
Address: 147 SOUTH 19TH CIRCLE, S.W., SUITE #1  
City-St-Zip: VERO BEACH, FL 32962

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 Section 119.07(3)(i), 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: BERTHA KEE

MGR

08/28/2005

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