

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039362

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** MIAMI CLINICAL TRIALS, LLC

**Current Principal Place of Business:**

6141 SUNSET DRIVE  
STE. 301  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6141 SUNSET DRIVE  
STE. 301  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 20-4473896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARTZ, HOWARD I ESQ  
6141 SUNSET DRIVE  
STE. 301  
MIAMI, FL 33143 US

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

SCHWARTZ, HOWARD I  
6141 SUNSET DRIVE  
STE. 301  
MIAMI, FL 33143 US

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:** HOWARD SCHWARTZ

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SCHWARTZ, HOWARD I  
**Address:** 6141 SUNSET DRIVE, STE. 301  
**City-St-Zip:** MIAMI, FL 33143

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:** HOWARD SCHWARTZ

MGR

04/19/2011

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