

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047791

FILED  
Jul 16, 2006  
Secretary of State

Entity Name: DB CLINICAL CONSULTING, LLC

**Current Principal Place of Business:**

5375 SW 33RD AVENUE  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

5375 SW 33RD AVENUE  
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

FEI Number: 43-2036330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BERGER, DAVID  
Address: 5375 SW 33RD AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: ADM ( ) Change (X) Addition  
Name: BERGER, GOLDA  
Address: 5375 SW 33RD AVE  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID BERGER

MGRM

07/16/2006

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