

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021042

FILED
Jun 30, 2009
Secretary of State

Entity Name: INTERNATIONAL MEDICAL RESEARCH, LLC

Current Principal Place of Business:

1430 MASON AVENUE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

1893 NORTH CLYDE MORRIS BLVD
SUITE 110
DAYTONA BEACH, FL 32117

Current Mailing Address:

1430 MASON AVENUE
DAYTONA BEACH, FL 32117

New Mailing Address:

1893 NORTH CLYDE MORRIS BLVD
SUITE 110
DAYTONA BEACH, FL 32117

FEI Number: 20-1029189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TSAI, YONG H M.D.
1430 MASON AVENUE
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

TSAI, YONG H M.D.
1893 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32117 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:

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: TSAI, YONG H MD
Address: 1430 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP () Delete
Name: TSAI, HSIU-HUEI MRS
Address: 1430 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP () Delete
Name: WIENER, AIMEE ARNP
Address: 1430 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: TSAI, YONG H MD
Address: 1893 NORTH CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP (X) Change () Addition
Name: TSAI, HSIU-HUEI MRS
Address: 1893 NORTH CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP (X) Change () Addition
Name: WIENER, AIMEE ARNP
Address: 1893 NORTH CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32117 US

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: YONG H TSAI, M.D.

PRES

06/30/2009

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