

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013069

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** IMC INTERNATIONAL MEDICAL CONSULTANTS, LLC

**Current Principal Place of Business:**

100 N. BISCAYNE BLVD,  
2100-W29  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

100 N. BISCAYNE BLVD,  
SUITE 2100-W29  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BAUR, THOMAS  
100 N. BISCAYNE BLVD.  
SUITE 2100-A1  
MIAMI, FL 33132 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: P ( ) Delete  
Name: HARRER, MANUEL DR.  
Address: 21ST FLOOR NEW WORLD TOWER  
City-St-Zip: MIAMI, FL 33132

Title: VP ( ) Delete  
Name: WANDER, JOACHIM DR.  
Address: 21ST FLOOR NEW WORLD TOWER  
City-St-Zip: MIAMI, FL 33132

**ADDITIONS/CHANGES:**

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: JOACHIM WANDER

VP

04/24/2008

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