2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006
Secretary of State

DOCUMENT# L05000015921

Entity Name: INTEGRATED MEDICAL RESEARCH LLC

Current Principal Place of Business:

1905 CLINT MOORE RD. STE. 305
BOCA RATON, FL 33496

New Principal Place of Business:

1905 CLINT MOORE RD. STE. 308
BOCA RATON, FL 33496

Current Mailing Address:

1905 CLINT MOORE RD. STE. 305
BOCA RATON, FL 33496

New Mailing Address:

1905 CLINT MOORE RD. STE. 308
BOCA RATON, FL 33496

FEI Number: 20-2352245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUNSHINE, WILLIAM A
1905 CLINT MOORE RD. STE. 305
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

SUNSHINE, WILLIAM A
1905 CLINT MOORE RD. STE. 308
BOCA RATON, FL 33496 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: _____ 02/17/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SUNSHINE, WILLIAM A
Address: 1365 SW 5 AVE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

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

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: WILLIAM SUNSHINE PRES 02/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date