


FILED
Mar 03, 2006 8:00 am
Secretary of State

02-14-2006 90018 031 *****55.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000035320			
1. Entity Name CVMS RESEARCH INSTITUTE, LLC			
Principal Place of Business 500 UNIVERSITY BOULEVARD SUITE 208 JUPITER, FL 33458 US		Mailing Address 500 UNIVERSITY BOULEVARD SUITE 208 JUPITER, FL 33458 US	
2. Principal Place of Business 500 University Blvd. #208		3. Mailing Address P.O. Box 31448 Suite, Apt. #, etc.	
City & State Jupiter, FL 33458		City & State Palm Beach Gardens, FL	
Zip 33458		Zip 33420	
Country USA		Country USA	
4. FEI Number 20-2766940		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RIDOLFO, PHILLIP T JR. ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Michael J. Stein, M.D. Street Address (P.O. Box Number is Not Acceptable) 500 University Boulevard #208 City Jupiter FL Zip Code 33458	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michael J. Stein</u> DATE <u>2/8/06</u> <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stein, Michael J. <input type="checkbox"/> Delete 500 University Blvd., #208 Jupiter, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager (MGRM) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vogel, Craig <input type="checkbox"/> Delete 500 University Blvd., #208 Jupiter, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager (MGRM) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Varnell, James H. <input type="checkbox"/> Delete 500 University Blvd., #208 Jupiter, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager (MGRM) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes. SIGNATURE: <u>Michael J. Stein</u> DATE <u>2/8/06</u> (561) 627 3130 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



ATTACHMENT

30001678

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

CVMS RESEARCH INSTITUTE, LLC
P.O. BOX 31448
WEST PALM BEACH, FL 33420 US

Subject: CVMS RESEARCH INSTITUTE, LLC

Reference Number: L05000035320

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ
ANNUAL REPORTS SECTION

*Please see corrections on
enclosed report, titles have been
provided*

P.O. BOX 6478 - Tallahassee, Florida 32314