2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035320

Entity Name: CVMS RESEARCH INSTITUTE, LLC

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

500 UNIVERSITY BOULEVARD SUITE 208 JUPITER, FL 33458 US

Current Mailing Address: New Mailing Address:

P O BOX 31448 P O BOX 31448

WEST PALM BEACH, FL 33420 US PALM BEACH GARDENS, FL 33420 US

FEI Number: 20-2766940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

STEIN, MICHAEL J MD 500 UNIVERSITY BLVD SUITE 205 JUPITER, FL 33458 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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 STEIN, MICHAEL J
 Name:

 Address:
 500 UNIVERSITY BLVD #208
 Address:

 City-St-Zip:
 JUPITER, FL 33458
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 VOGEL, CRAIG
 Name:

 Address:
 500 UNIVERSITY BLVD #208
 Address:

 City-St-Zip:
 JUPITER, FL 33458
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 VARNELL, JAMES H
 Name:

 Address:
 500 UNIVERSITY BLVD #208
 Address:

 City-St-Zip:
 JUPITER, FL 33458
 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: MICHAEL J. STEIN MGRM 04/24/2007