


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90065 011 \*\*\*\*50.00

**DOCUMENT # L05000046945**

1. Entity Name  
**FORTMULLER CLINICAL RESEARCH CONSULTANTS**



Principal Place of Business  
 10754 63RD AVE. N.  
 SEMINOLE, FL 33772

Mailing Address  
 10754 63RD AVE. N.  
 SEMINOLE, FL 33772

**20040790**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**68-0606654**

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORTMULLER, KATHLEEN S**  
 10754 63RD AVE. N.  
 SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CEO	KATHLEEN S. FORTMULLER	10754-63RD AVENUE N	SEMINOLE, FL 33772		

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 608, Florida Statutes.

SIGNATURE: Kathl Fortmuller Date 4-28-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #