

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046945

FILED
Apr 25, 2009
Secretary of State

Entity Name: FORTMULLER CLINICAL RESEARCH CONSULTANTS

Current Principal Place of Business:

10754 63RD AVE. N.
SEMINOLE, FL 33772

New Principal Place of Business:

565 LILLIAN DRIVE
MADEIRA BEACH, FL 33708

Current Mailing Address:

10754 63RD AVE. N.
SEMINOLE, FL 33772

New Mailing Address:

565 LILLIAN DRIVE
MADEIRA BEACH, FL 33708

FEI Number: 68-0606654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FORTMULLER, KATHLEEN S
565 LILLIAN DRIVE
MADEIRA BEACH, FL 33708 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: _____

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: FORTMULLER, KATHLEEN S
Address: 10754-63RD AVE NORTH
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: FORTMULLER, KATHLEEN S
Address: 565 LILLIAN DRIVE
City-St-Zip: MADEIRA BEACH, FL 33708

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: KATHLEEN FORTMULLER

CEO

04/25/2009

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