

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046945

FILED
Jan 05, 2011
Secretary of State

Entity Name: FORTMULLER CLINICAL RESEARCH CONSULTANTS

Current Principal Place of Business:

565 LILLIAN DRIVE
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

565 LILLIAN DRIVE
MADEIRA BEACH, FL 33708

New Mailing Address:

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
565 LILLIAN DRIVE
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

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:

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

I hereby 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

01/05/2011

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