

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063296

FILED  
May 08, 2007  
Secretary of State

Entity Name: THERARESEARCH CENTER, LLC

**Current Principal Place of Business:**

5077 N.W. 7TH STREET, NO. 1604  
MIAMI, FL 33126

**New Principal Place of Business:**

5720 S.W. 195 TER  
SOUTHWEST RANCHES, FL 33332

**Current Mailing Address:**

5077 N.W. 7TH STREET, NO. 1604  
MIAMI, FL 33126

**New Mailing Address:**

5720 S.W. 195 TER  
SOUTHWEST RANCHES, FL 33332

FEI Number: 20-3113716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

COHN, ALAN B  
2021 TYLER STREET  
HOLLYWOOD, FL 33022      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: MGRM      ( ) Delete  
Name: REID, LYDIA D  
Address: 5077 N.W. 7TH STREET NO. 1604  
City-St-Zip: MIAMI, FL 33126

Title: MGRM      ( ) Delete  
Name: REID, GARY H  
Address: 5077 N.W. 7TH STREET NO. 1604  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: REID, LYDIA D  
Address: 5720 S.W. 195 TER  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: MGRM      (X) Change ( ) Addition  
Name: REID, GARY H  
Address: 5720 S.W. 195 TER  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

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: LYDIA REID

DR.

05/08/2007

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