2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# L05000068463

Entity Name: CLINICAL RESEARCH SOLUTIONS, LLC

Current Principal Place of Business:

21150 BISCAYNE BLVD., SUITE 300
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21150 BISCAYNE BLVD., SUITE 300
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-3171926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, BARRY A ESQ.
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D ( ) Change (X) Addition
Name: GITTELMAN, MARC C MD
Address: 21150 BISCAYNE BLVD #300
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Change (X) Addition
Name: GAMEZ, AMY L ARNP
Address: 21150 BISCAYNE BLVD #300
City-St-Zip: AVENTURA, FL 33180

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: MARC C GITTELMAN MD D 03/27/2006

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