

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000068463

1. Entity Name
CLINICAL RESEARCH SOLUTIONS, LLC



Principal Place of Business
21150 BISCAYNE BLVD., SUITE 300
AVENTURA, FL 33180

Mailing Address
21150 BISCAYNE BLVD., SUITE 300
AVENTURA, FL 33180



06062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3171926

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. 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

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	GITTELMAN, MARC C MD
STREET ADDRESS	21150 BISCAYNE BLVD #300
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	GAMEZ, AMY L ARNP
STREET ADDRESS	21150 BISCAYNE BLVD #300
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000766324
06/14/07-80003-003 \$5.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #