

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074667

FILED
Feb 17, 2006
Secretary of State

Entity Name: CLINICAL MONITORING SOLUTIONS, L.L.C.

Current Principal Place of Business:

6324 RALEIGH STREET #712
ORLANDO, FL 32835

New Principal Place of Business:

4640 ELENA WAY
MELBOURNE, FL 32934

Current Mailing Address:

6324 RALEIGH STREET #712
ORLANDO, FL 32835

New Mailing Address:

4640 ELENA WAY
MELBOURNE, FL 32934

FEI Number: 26-0123029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOBEL, ALISA
6324 RALEIGH STREET #712
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

LOBEL, ALISA
4640 ELENA WAY
MELBOURNE, FL 32934 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: ALISA LOBEL

02/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOBEL, ALISA
Address: 6324 RALEIGH STREET #712
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOBEL, ALISA
Address: 4640 ELENA WAY
City-St-Zip: MELBOURNE, FL 32934

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: ALISA LOBEL

MGRM

02/17/2006

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