

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074667

FILED
Apr 02, 2008
Secretary of State

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

Current Principal Place of Business:

4640 ELENA WAY
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4640 ELENA WAY
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 26-0123029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBEL, ALISA
4640 ELENA WAY
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

LOBEL-HORGAN, 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-HORGAN

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: VPRE () Change (X) Addition
Name: HORGAN, JOHN S JR
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 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: JSTEPHEN HORGAN

VPRE

04/02/2008

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