

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000074667

**FILED**  
**Apr 07, 2010**  
**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-HORGAN, ALISA  
4640 ELENA WAY  
MELBOURNE, FL 32934 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:** PRES  
**Name:** LOBEL-HORGAN, ALISA  
**Address:** 4640 ELENA WAY  
**City-St-Zip:** MELBOURNE, FL 32934

**Title:** VPRE  
**Name:** HORGAN, JOHN S JR  
**Address:** 4640 ELENA WAY  
**City-St-Zip:** MELBOURNE, FL 32934

I hereby 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-HORGAN

PRES

04/07/2010

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