

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119804

FILED
Feb 16, 2010
Secretary of State

Entity Name: DELRAY RESEARCH ASSOCIATES, LLC

Current Principal Place of Business:

ATTN: PHILLIPPE A. SAXE, M.D.
5130 LINTON BLVD., STE. G-9
DELRAY BEACH, FL 33484

New Principal Place of Business:

ATTN: PHILIPPE A. SAXE, M.D.
5130 LINTON BLVD., STE. G-9
DELRAY BEACH, FL 33484

Current Mailing Address:

ATTN: PHILLIPPE A. SAXE, M.D.
5130 LINTON BLVD., STE. G-9
DELRAY BEACH, FL 33484

New Mailing Address:

ATTN: PHILIPPE A. SAXE, M.D.
5130 LINTON BLVD., STE. G-9
DELRAY BEACH, FL 33484

FEI Number: 20-3947181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, WILLIAM S
GREENSPOON MARDER P.A.
2255 GLADES ROAD, STE. 414-E
BOCA RATON, FL 33431 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: MGRM
Name: SAXE, PHILIPPE A M.D.
Address: 5130 LINTON BLVD., STE. G-9
City-St-Zip: DELRAY BEACH, FL 33484

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: PHILIPPE A. SAXE M.D.

DR.

02/16/2010

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