# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 18, 2011**
**Secretary of State**

DOCUMENT# L05000119804

**Entity Name:** DELRAY RESEARCH ASSOCIATES, LLC

**Current Principal Place of Business:**

ATTN: PHILIPPE 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-1
DELRAY BEACH, FL 33484

**Current Mailing Address:**

ATTN: PHILIPPE 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-1
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-1
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 Statues.

SIGNATURE: PHILIPPE A SAXE M.D. 04/18/2011

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