

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000010244

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** SOUTH MIAMI CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

7000 S.W. 62 AVENUE STE 402  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7000 S.W. 62 AVENUE STE 402  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 20-4135342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AQUINO, LEON  
7000 S.W. 62 AVENUE STE 402  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

MENDOZA, JUVENTINO  
7000 S.W. 62 AVENUE STE 402  
MIAMI, FL 33143 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: JUVENTINO MENDOZA

04/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MENDOZA, JUVENTINO  
Address: 7000 S.W. 62 AVENUE STE 402  
City-St-Zip: MIAMI, FL 33143

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: JUVENTINO MENDOZA

MGR

04/19/2010

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