

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016156

FILED
Apr 23, 2008
Secretary of State

Entity Name: MEDICAL RESEARCH TRUST, LLC

Current Principal Place of Business:

4949 S. CONGRESS AVE.
SUITE B
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

ATT: DR. SHEILA E. CASTILLO
PO BOX 6380
LAKE WORTH, FL 334666380

New Mailing Address:

FEI Number: 76-0817651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTILLO, SHEILA E
4777 N CONGRESS AVE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

CASTILLO, SHEILA E
4949 S. CONGRESS AVE. SUITE B
LAKE WORTH, FL 33461 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:

04/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TREJO, RODOLFO PA
Address: 14719 TEMPLE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: CASTILLO, SHEILA E
Address: 4790 PALM WAY
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHEILA E. CASTILLO

DR.

04/23/2008

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