

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016156

FILED
Mar 23, 2009
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 ()

Name and Address of Current Registered Agent:

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

MGRM

03/23/2009

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