## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000038647

Entity Name: PHARMED RESEARCH PARTNERS, L.L.C.

FILED Apr 28, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10655 NW 29TH TERRACE DORAL, FL 33172

**Current Mailing Address: New Mailing Address:** 

10655 NW 29TH TERRACE DORAL, FL 33172

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KRICGER, JOE YOURIST, JAY E 10650 SW 137 STREET

10650 SW 137 STREET MIAMI, FL 33176 MIAMI, FL 33176

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: JAY E. YOURIST 04/28/2007

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

YOURIST, JAY Name: Name: Address: 10650 SW 137 STREET Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip:

Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: EVERINGHAM, PHILIP B Address: Address: 2602 SAN DOMINGO STREET City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: MGRM ( ) Change (X) Addition

Name: KRIEGER, JOSEPH Name:

1700 N. MONROE STREET = SUITE #11-113 Address: Address:

City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303

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: JAY E. YOURIST **MGRM** 04/28/2007