2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2007
Secretary of State

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Entity Name: NEUROMED RESEARCH, LLC

Current Principal Place of Business:

1099 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1099 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 20-4849332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKART & COMPANY, PA
6528 CENTRAL AVENUE
SUITE A
ST. PETERSBURG, FL 33707 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:	WEISS, ALLAN	
Address:	1099 FIFTH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	MGRM	( ) Delete
Name:	FRANKLIN, MICHAEL	
Address:	1099 FIFTH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	MGR	( ) Delete
Name:	CABELLO, DANIEL	
Address:	1099 FIFTH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	MGR	( ) Delete
Name:	KHAMISANI, SALEEM R	
Address:	1099 FIFTH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	MGR	( ) Delete
Name:	VONGXAIBURANA, KRAIYUTH	
Address:	1099 FIFTH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALLAN WEISS MGR 07/08/2007

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