

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048468

FILED
Jan 11, 2008
Secretary of State

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:

1099 FIFTH AVENUE NORTH
SUITE 300
ST. PETERSBURG, FL 33705

FEI Number: 20-4849332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 (X) 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: MICHAEL FRANKLIN, M.D.

MGRM

01/11/2008

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