2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L07000045551

Entity Name: INTERNATIONAL PHYSICIANS RESEARCH, LLC

Current Principal Place of Business:

4701 MERIDIAN AVENUE, STE. 601 ADAMS
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 402125
MIAMI BEACH, FL 33140

New Mailing Address:

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

Name and Address of Current Registered Agent:

FODIMAN, TODD
1111 BRICKELL AVENUE
MIAMI, FL 33131 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:	MGR	( ) Delete
Name:	LOZMAN, PHILIP	
Address:	4701 MERIDIAN AVENUE, STE. 601 ADAMS	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGR	( ) Delete
Name:	SHER, JERRY	
Address:	4701 MERIDIAN AVENUE, STE. 601 ADAMS	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGR	( ) Delete
Name:	HIDALGO, ANDRES	
Address:	4701 MERIDIAN AVENUE, STE. 601 ADAMS	
City-St-Zip:	MIAMI BEACH, FL 33140	

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:	

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: PHILIP LOZMAN MGR 04/23/2008

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