

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045551

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**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:**

20601 EAST DIXIE HIGHWAY SUITE 330  
AVENTURA, FL 33180

**Current Mailing Address:**

P.O. BOX 402125  
MIAMI BEACH, FL 33140

**New Mailing Address:**

20601 EAST DIXIE HIGHWAY SUITE 330  
AVENTURA, FL 33180

**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  
Name: LOZMAN, PHILIP  
Address: 4701 MERIDIAN AVENUE, STE. 601 ADAMS  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: SHER, JERRY  
Address: 4701 MERIDIAN AVENUE, STE. 601 ADAMS  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: HIDALGO, ANDRES  
Address: 4701 MERIDIAN AVENUE, STE. 601 ADAMS  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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

04/25/2010

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