

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065653

FILED
Mar 10, 2009
Secretary of State

Entity Name: EURAM HEALTH RESEARCH MANAGEMENT, LLC

Current Principal Place of Business:

4400 BISCAYNE BLVD.
SUITE 950
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4400 BISCAYNE BLVD.
SUITE 950
MIAMI, FL 33137

New Mailing Address:

FEI Number: 76-0535001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M & W AGENTS INC.
2101 CORPORATE BLVD SUITE 107
BOCA RATON, FL 33431 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: P () Delete
Name: HALPRYN, ERNEST M
Address: 4400 BISCAYNE BLVD STE 950
City-St-Zip: MIAMI, FL 33137

Title: VP () Delete
Name: LABIANCA, PHILIP
Address: 4400 BISCAYNE BLVD STE 950
City-St-Zip: MIAMI, FL 33137

Title: VPT () Delete
Name: WEISBERG, ALAN J
Address: 2500 N MILITARY TRL STE 206
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: HOERNER, JUDITH A
Address: 4400 BISCAYNE BLVD STE 950
City-St-Zip: MIAMI, FL 33137

Title: AS () Delete
Name: CABRERA, MARLENE
Address: 4400 BISCAYNE BLVD STE 950
City-St-Zip: MIAMI, FL 33137

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: ERNEST M. HALPRYN

PRES

03/10/2009

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