

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065653

**FILED**  
**Mar 10, 2010**  
**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  
**Name:** HALPRYN, ERNEST M  
**Address:** 4400 BISCAYNE BLVD STE 950  
**City-St-Zip:** MIAMI, FL 33137

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

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

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

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

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:** ERNEST M. HALPRYN

PRES

03/10/2010

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