## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000069975

Entity Name: PHARMA METRICS, LLC

Address:

City-St-Zip:

3106 NE 210 TERRACE

AVENTURA, FL 33180 US

FILED Jan 08, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2875 NE 191 STREET STE. 304 AVENTURA, FL 33180 **New Mailing Address: Current Mailing Address:** 2875 NE 191 STREET STE. 304 AVENTURA, FL 33180 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STOK, ROBERT A 2875 NE 191 STREET STE. 304 AVENTURA, FL 33180 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete STOK, ROBERT A Name: Name: Address: 2875 NE 191 STREET, STE. 304 Address: City-St-Zip: AVENTURA, FL 33180 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GALITZ, RICHARD M Name: Address: 2875 NE 191 STREET, STE 303 Address: City-St-Zip: AVENTURA, FL 33180 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GALITZ, LAWRENCE A Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT A. STOK MGRM 01/08/2008