

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077980

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** PEMBROKE CLINICAL TRAILS, LLC

**Current Principal Place of Business:**

601 N. FLAMINGO ROAD SUITE 311  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

601 N. FLAMINGO ROAD SUITE 405  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

601 N. FLAMINGO ROAD SUITE 311  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

601 N. FLAMINGO ROAD SUITE 405  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 65-1313793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERRY, JOHN C SR.  
12840 COES BLUFF  
TALLAHASSEE, FL 32310 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: MGRM ( ) Delete  
Name: FUENTES, ERNESTO  
Address: 1855 NW 128 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM ( ) Delete  
Name: PERRY, ROBERT G  
Address: 2005 SE 10TH AVE-APT 409  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: PERRY, ROBERT G  
Address: 14015 NW 15TH DR  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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:** ERNESTO FUENTES

MGRM

04/13/2009

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