

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000077980

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
**Name:** FUENTES, ERNESTO  
**Address:** 1855 NW 128 AVE.  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

**Title:** MGRM  
**Name:** PERRY, ROBERT G  
**Address:** 14015 NW 15TH DR  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

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:** ERNESTO FUENTES

MGRM

03/30/2010

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