

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099351

FILED  
Aug 08, 2008  
Secretary of State

**Entity Name:** BROWARD CLINICAL INVESTIGATION, LLC

**Current Principal Place of Business:**

8430 W BROWARD BOULEVARD  
SUITE 300  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8430 W BROWARD BOULEVARD  
SUITE 300  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 26-1240250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BETANCOURT, OSCAR  
8430 W BROWARD BOULEVARD  
SUITE 300  
PLANTATION, FL 33324 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:**

**Title:** MGRM      ( ) Delete  
**Name:** CHILDREN'S MEDICAL A, SSOCIATION, P. A .  
**Address:** 8430 W BROWARD BOULEVARD, SUITE 300  
**City-St-Zip:** PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

**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: MARCO LEON

PRES

08/08/2008

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