

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099351

FILED
Feb 13, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEULOFEUT, HAROLD
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: HAROLD DEULOFEUT

02/13/2009

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: HAROLD DEULOFEUT

MD

02/13/2009

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