

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000099351

**FILED**  
**Apr 19, 2011**  
**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:**

DEULOFEUT, HAROLD  
8430 W BROWARD BOULEVARD  
SUITE 300  
PLANTATION, FL 33324 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:** CHILDREN'S MEDICAL ASSOCIATION, P.A.  
**Address:** 8430 W BROWARD BOULEVARD, SUITE 300  
**City-St-Zip:** PLANTATION, FL 33324

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: MARCO LEON

DR

04/19/2011

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