

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120180

Entity Name: EXPERT MEDICAL REVIEWS, LLC

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

2061 NW 2ND AVE
207
BOCA RATON, FL 33431

Current Mailing Address:

2061 NW 2ND AVE
207
BOCA RATON, FL 33431

New Principal Place of Business:

123 NW 13TH STREET
207
BOCA RATON, FL 33432

New Mailing Address:

123 NW 13TH STREET
207
BOCA RATON, FL 33432

FEI Number: 26-1500062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, STEVEN
2061 NW 2ND AVE
207
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

LEVINE, STEVEN
123 NW 13TH STREET
207
BOCA RATON, FL 33432 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: STEVEN LEVINE

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVINE, BARBARA
Address: 2061 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Delete
Name: STOPEK, RICHARD
Address: 2061 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Delete
Name: LEVINE, STEVEN
Address: 2061 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM (X) Delete
Name: CONTE, RONALD
Address: 2061 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVINE, BARBARA
Address: 123 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM (X) Change () Addition
Name: STOPEK, RICHARD
Address: 123 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM (X) Change () Addition
Name: LEVINE, STEVEN
Address: 123 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33432 US

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: STEVEN LEVINE

MGRM

01/26/2009

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