

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016484

FILED
Feb 10, 2009
Secretary of State

Entity Name: COMMUNITY MEDICAL RESEARCH, LLC

Current Principal Place of Business:

8260 NE 2ND AVE.
MIAMI, FL 33138 US

New Principal Place of Business:

1179 71ST STREET
MIAMI BEACH, FL 33141 US

Current Mailing Address:

PO BOX 565361
MIAMI, FL 332565361 US

New Mailing Address:

FEI Number: 26-2567053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, KAREN Z ESQ.
6000 SW 106TH STREET
MIAMI, FL 33156 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: MGR () Delete
Name: CLINICAL RESEARCH OF, GREATER MIAMI , INC.
Address: PO BOX 565361
City-St-Zip: MIAMI, FL 332565361 US

Title: MGR () Delete
Name: MIAMI BEACH COMMUNIT, Y HEALTH CENTE R , INC.
Address: 11645 BISCAYNE BOULEVARD, SUITE 207
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY B. ROSEN

MGR

02/10/2009

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