

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000016484

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY MEDICAL RESEARCH, LLC

**Current Principal Place of Business:**

1179 71ST STREET  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**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  
Name: CLINICAL RESEARCH OF GREATER MIAMI, INC.  
Address: PO BOX 565361  
City-St-Zip: MIAMI, FL 332565361 US

Title: MGR  
Name: MIAMI BEACH COMMUNITY HEALTH CENTER, INC.  
Address: 11645 BISCAYNE BOULEVARD, SUITE 207  
City-St-Zip: NORTH MIAMI, FL 33181 US

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: JEFFREY B. ROSEN

MGR

01/04/2012

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