

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000032578

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** POTOMAC PRESS CLINICAL RESEARCH SERVICES, LLC

**Current Principal Place of Business:**

5607 NW 24TH TERRACE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

C/O POLLY SAMPSON, 4550 MONTGOMERY AVENUE  
SUITE 775N  
BETHESDA, MD 20814

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOOKMAN, PERRY  
5607 NW 24TH TERRACE  
BOCA RATON, FL 33496 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 ( ) Delete  
Name: HOOKMAN, PERRY  
Address: 5607 NW 24TH TERRACE  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOOKMAN, PERRY  
Address: 5607 NW 24TH TERRACE  
City-St-Zip: BOCA RATON, FL 33496

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: PERRY HOOKMAN

MGR

01/21/2009

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