2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045874

ACUNA, RICARDO A

LAKE WORTH, FL 33461

4469 S. CONGRESS AVE., STE. 106

Name:

Address:

City-St-Zip:

Entity Name: MD'S CLINICAL RESEARCH CONSORTIUM, LLC

FILED Jul 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4469 S. CONGRESS AVE., STE. 106 LAKE WORTH, FL 33461 **Current Mailing Address: New Mailing Address:** 4469 S. CONGRESS AVE., STE. 106 LAKE WORTH, FL 33461 FEI Number: 26-2569679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAQUERO, ANGELA 4469 S. CONGRESS AVE., STE. 106 LAKE WORTH, FL 33461 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BAQUERO, ANGELA Name: Name: 4469 S. CONGRESS AVE., STE. 106 Address: Address: City-St-Zip: LAKE WORTH, FL 33461 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GALEANO, MARIO Name: Address: 4469 S. CONTRESS AVE., STE. 106 Address: City-St-Zip: LAKE WORTH, FL 33461 US City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition CASTANEDA, ÉMILIO ACUNA, RICARDO Name: Name: 4469 S. CONGRESS AVE., STE. 106 4469 S. CONGRESS AVE., STE. 106 Address: Address: City-St-Zip: LAKE WORTH, FL 33461 US City-St-Zip: LAKE WORTH, FL 33461 US Title: MGR (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANGELA BAQUERO PDT 07/01/2009