

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000045874

**FILED**  
**Oct 13, 2009**  
**Secretary of State****Entity Name:** MD'S CLINICAL RESEARCH CONSORTIUM, LLC**Current Principal Place of Business:**4469 S. CONGRESS AVE., STE. 106  
LAKE WORTH, FL 33461 US**New Principal Place of Business:****Current Mailing Address:**4469 S. CONGRESS AVE., STE. 106  
LAKE WORTH, FL 33461 US**New Mailing Address:****FEI Number:** 27-1103248**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BAQUERO, ANGELA  
4469 S. CONGRESS AVE., STE. 106  
LAKE WORTH, FL 33461 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:** BAQUERO, ANGELA  
**Address:** 4469 S. CONGRESS AVE., STE. 106  
**City-St-Zip:** LAKE WORTH, FL 33461 US**Title:** MGR ( ) Delete  
**Name:** GALEANO, MARIO  
**Address:** 4469 S. CONGRESS AVE., STE. 106  
**City-St-Zip:** LAKE WORTH, FL 33461 US**Title:** MGR ( ) Delete  
**Name:** ACUNA, RICARDO  
**Address:** 4469 S. CONGRESS AVE., STE. 106  
**City-St-Zip:** LAKE WORTH, FL 33461 US**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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: ANGELA BAQUERO

PDT

10/13/2009

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