L08000104243

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B. BOSTICK DEC 7. 2010

EXAMINER

COVER LETTER

Division of Corporations			
T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Research Group, LLC		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Lynn Kuykendall Name of Person			
Collaborative Research Group, LLC Firm/Company	TALL	10	
2320 S. Seacrest Blvd, Suite 202 Address	AHASSE	10 DEC -6	
Boynton Beach, FL 33435 City/State and Zip Code		C-6 PM 3: 06	
lkuykendall@pbiho.com E-mail address: (to be used for future annual report notificati		ñ	
For further information concerning this matter, ple	·		
Lynn Kuykendall at (561) 740-3377 x 211		
Name of Person at (Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:Collat	oorative Research Group, LLC
2. (a) Principal office address of limited liability company	2320 S. Seacrest Blvd, Suite 202
(Note: MUST BE STREET ADDRESS)	Boynton Beach, FL 33435
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
11/07/2008	L08000104243
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	BDB Agent, CO
Registered Office Address:	5355 Town Center Road, Suite 900 Boca Raton, FL 33486
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	I. Jeffrey Pheterson, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Ward Damon Posner, Pheterson & Bleau, PL 4420 Beacon Circle West Palm Beach ,FL33407
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative tote wise provided in the articles of organization of the case of the
Eyal Meiri, MD Managing Partner Printed or typed name of signee	3:.0'6 STATE LORIDA
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle to the prand I am familiar with and accept the obligations of my particle to the chapter 608, F.S. Or of this document is being filed to maddress, I hereby confirm that the limited liability companature of Registered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00