2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

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Entity Name: FAMILY HEALTH CARE CLINICAL STUDIES, LLC

Current Principal Place of Business:

461 WEST OAK STREET
SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

461 WEST OAK STREET
SUITE E
KISSIMMEE, FL 34741

Current Mailing Address:

461 WEST OAK STREET
SUITE A
KISSIMMEE, FL 34741

New Mailing Address:

461 WEST OAK STREET
SUITE E
KISSIMMEE, FL 34741

FEI Number: 26-3997537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANALES, ANGELO J
461 WEST OAK STREET
SUITE A
KISSIMMEE, FL 34741 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
Name: CANALES, ANGELO J
Address: 461 WEST OAK STREET SUITE A
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM
Name: LINK, MICHAEL H MD
Address: 461 WEST OAK STREET SUITE A
City-St-Zip: KISSIMMEE, FL 34741 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 Statues.

SIGNATURE: ANGELO J CANALES MGR 04/30/2010

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