

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000002493

FILED
Apr 28, 2011
Secretary of State

Entity Name: FAMILY HEALTH CARE CLINICAL STUDIES, LLC

Current Principal Place of Business:

461 WEST OAK STREET
SUITE E
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

461 WEST OAK STREET
SUITE E
KISSIMMEE, FL 34741

New Mailing Address:

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: MGR
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 Statutes.

SIGNATURE: ANGELO J CANALES

MGR

04/28/2011

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