2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

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Entity Name: M & O CLINICAL RESEARCH, LLC

Current Principal Place of Business:

1625 SE 3RD AVENUE, SUITE 400
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

1625 SE 3RD AVENUE, SUITE 400
SUITE 400
FORT LAUDERDALE, FL 33316

Current Mailing Address:

1625 SE 3RD AVENUE, SUITE 400
FORT LAUDERDALE, FL 33316

New Mailing Address:

1625 SE 3RD AVENUE, SUITE 400
SUITE 400
FORT LAUDERDALE, FL 33316

FEI Number: 27-0564347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD J. MOFSEN C.P.A., P.A.
9728 WEST SAMPLER ROAD
CORAL SPRINGS, FL 33065 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: MCKENZIE, WILFRED
Address: 1625 SE 3RD AVENUE, SUITE 400
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM
Name: OSMAN, KHADRA
Address: 1625 SE 3RD AVENUE, SUITE 400
City-St-Zip: FORT LAUDERDALE, FL 33316

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: WILFRED MCKENZIE MGRM 04/01/2010

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