

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117112

FILED
Mar 22, 2012
Secretary of State

Entity Name: ACCURATE MEDICAL RESEARCH, LLC

Current Principal Place of Business:

311 N CLYDE MORRIS BLVD
SUITE 320
DAYTONA BEACH, FL 32114

New Principal Place of Business:

311 N CLYDE MORRIS BLVD
SUITE 320
DAYTONA BEACH, FL 32114 UN

Current Mailing Address:

311 N CLYDE MORRIS BLVD
SUITE 320
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 27-1721733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMIDAR, HUMAYUN A MD
311 N CLYDE MORRIS BLVD
SUITE 320
DAYTONA BEACH, FL 32114 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: JAMIDAR, HUMAYUN MD
Address: 311 N CLYDE MORRIS BLVD SUITE 320
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM
Name: QUADRAT, OTAKAR MD
Address: 311 N CLYDE MORRIS BLVD SUITE 320
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM
Name: ARAB, DINESH MD
Address: 311 N CLYDE MORRIS BLVD SUITE 320
City-St-Zip: DAYTONA BEACH, FL 32114

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: HUMAYUN JAMIDAR

MGRM

03/22/2012

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