

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001743

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PASADENA CENTER FOR MEDICAL RESEARCH, LLC.

**Current Principal Place of Business:**

1615 PASADENA AVE  
SUITE 480  
ST PETERSBURGH, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

1615 PASADENA AVE  
SUITE 480  
ST PETERSBURG, FL 33707

**New Mailing Address:**

1615 PASADENA AVE  
SUITE 480  
ST PETERSBURGH, FL 33707

**FEI Number:** 27-1626663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOHAMED, ALI  
1615 PASADENA AVE  
SUITE 480  
ST PERTERSBURG, FL 33707 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:** ALI, MOHAMED  
**Address:** 1615 PASADENA AVE SUITE 480  
**City-St-Zip:** ST PETERSBURG, FL 33707

**Title:** MGRM  
**Name:** ALRABAA, SALLY  
**Address:** 1615 PASADENA AVE SUITE 480  
**City-St-Zip:** ST PETERSBURG, FL 33707

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:** MOHAMED I. ALI, MD

**PRES**

**04/26/2011**

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