

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038034

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** THE CLINICAL RESEARCH INSTITUTE LLC

**Current Principal Place of Business:**

1901 NW 7TH ST  
MIAMI, FL 33125

**New Principal Place of Business:**

1901 NW 7TH ST  
100  
MIAMI, FL 33125

**Current Mailing Address:**

1901 NW 7TH ST  
MIAMI, FL 33125

**New Mailing Address:**

1901 NW 7TH ST  
100  
MIAMI, FL 33125

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALONSO, CARMEN  
1901 NW 7TH ST  
MIAMI, FL 33125 US

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

ALONSO, CARMEN  
1901 NW 7TH ST  
100  
MIAMI, FL 33125 US

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: CARMEN ALONSO

01/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALONSO, CARMEN  
Address: 1901 NW 7TH ST STE 100  
City-St-Zip: MIAMI, FL 33125

Title: MGRM  
Name: GARCIA, ALFREDO C  
Address: 1901 NW 7TH ST STE 100  
City-St-Zip: MIAMI, FL 33125

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: CARMEN ALONSO

MGR

01/14/2011

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