

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000051369

Entity Name: CLINICAL AD TEAM LLC

FILED
Mar 06, 2012
Secretary of State

Current Principal Place of Business:

14195 REFLECTION LAKES DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

14195 REFLECTION LAKES DRIVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZEL, CARLY D
14195 REFLECTION LAKES DRIVE
FORT MYERS, FL 33907 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: PRES
Name: SCHWARTZEL, CARLY
Address: 14195 REFLECTION LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

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: CARLY SCHWARTZEL

PRES

03/06/2012

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