

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003643

FILED
Mar 23, 2009
Secretary of State

Entity Name: ROTHMAN HEALTHCARE RESEARCH, LLC

Current Principal Place of Business:

1674 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

1674 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 26-2885934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHMAN, STEVEN I
1674 UNIVERSITY PARKWAY
SARASOTA, FL 34243 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: MGR () Delete
Name: ROTHMAN, MICHAEL J
Address: 6 TOWER ROAD
City-St-Zip: HOPEWELL JUNCTION, NY 12533

Title: MGR () Delete
Name: ROTHMAN, STEVEN I
Address: 1674 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: FINLEY, G. DUNCAN
Address: 8632 DUNMORE DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FINLAY, G. DUNCAN
Address: 8632 DUNMORE DRIVE
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEVEN I ROTHMAN

MR

03/23/2009

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