

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003643

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** ROTHMAN HEALTHCARE RESEARCH, LLC

**Current Principal Place of Business:**

5019 KESTRAL PARK DR  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

5019 KESTRAL PARK DR  
SARASOTA, FL 34231

**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:**

ROTHMAN, STEVEN I  
5019 KESTRAL PARK DR  
SARASOTA, FL 34231 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:**

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ROTHMAN, MICHAEL J  
**Address:** 6 TOWER ROAD  
**City-St-Zip:** HOPEWELL JUNCTION, NY 12533

**Title:** MGR  
**Name:** ROTHMAN, STEVEN I  
**Address:** 5019 KESTRAL PARK DR  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** MGR  
**Name:** FINLAY, G. DUNCAN  
**Address:** 8632 DUNMORE DRIVE  
**City-St-Zip:** SARASOTA, FL 34231

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:** STEVEN I ROTHMAN

MGR

02/23/2010

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