

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077911

Entity Name: FXM RESEARCH MIRAMAR, INC.**Current Principal Place of Business:**14601 SW 29TH STREET
STE 208
MIRAMAR, FL 33027**Current Mailing Address:**11760 BIRD ROAD
STE 452
MIAMI, FL 33175**FEI Number:** 26-3230903**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MONCADA, FRANCISCO X
11760 BIRD ROAD
STE 452
MIAMI, FL 33175 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MONCADA, FRANCISCO X
Address	11760 BIRD ROAD STE 452
City-State-Zip:	MIAMI FL 33175

Title	CFO
Name	BLANDON, MARITZA
Address	11760 BIRD ROAD STE 452
City-State-Zip:	MIAMI FL 33175

Title	COO
Name	JIMENEZ, ANTONIO J
Address	11760 BIRD ROAD STE 452
City-State-Zip:	MIAMI FL 33175

Title	DIRECTOR OF CLINICAL RESEARCH
Name	DIEGO, MARITZA
Address	11760 BIRD ROAD STE 452
City-State-Zip:	MIAMI FL 33175

Title	DIRECTOR OF CLINICAL RESEARCH
Name	DIEGO, KEVIN
Address	11760 BIRD ROAD STE 452
City-State-Zip:	MIAMI FL 33175

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANCISCO X. MONCADA**PRESIDENT****02/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date