

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000014749

Entity Name: HARMONY CLINICAL RESEARCH, INC.**Current Principal Place of Business:**18260 NE 19TH AVENUE
103
AVENTURA, FL 33162**Current Mailing Address:**18260 NE 19TH AVENUE
103
AVENTURA, FL 33162 US**FEI Number:** 27-1922527**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PAGES, FELIX
18260 NE 19 AVENUE
103
AVENTURA, FL 33162 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 V
Name GAMON, RAQUEL M
Address 17355 NW 66 PL
City-State-Zip: HIALEAH FL 33015Title P
Name PAGES, FELIX
Address 14886 SW 25 LN
City-State-Zip: MIAMI FL 33185Title S
Name RAMIREZ, NICHOLE
Address 17355 NW 66 ;L
City-State-Zip: HIALEAH FL 33015Title T
Name PAGES, JENNIFER
Address 17355 NW 66 PLACE
City-State-Zip: HIALEAH FL 33015Title C
Name PAGES, FELIX JR
Address 17355 NW 66 PL
City-State-Zip: HIALEAH FL 33015

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: FELIX PAGES**PRESIDENT****03/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date