

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000060264

**Entity Name:** MIAMI ANATOMICAL RESEARCH CENTER LLC

**Current Principal Place of Business:**

8850 NW 20 STREET  
DORAL, FL 33172

**Current Mailing Address:**

8850 NW 20 STREET  
DORAL, FL 33172

**FEI Number:** 20-3330650

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEINSTEIN, ALLAN  
8850 NW 20 STREET  
DORAL, FL 33172 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:** ALLAN WEINSTEIN

02/13/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WEINSTEIN, ALLAN  
Address 8850 NW 20 STREET  
City-State-Zip: DORAL FL 33172

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLAN WEINSTEIN

CEO

02/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date