

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000091339

**Entity Name:** GLOBAL CLINICAL INVESTIGATION, LLC

**FILED**  
**Feb 01, 2017**  
**Secretary of State**  
**CC9459699960**

**Current Principal Place of Business:**

160001 COLLINS AVENUE  
SUITE 1607  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

160001 COLLINS AVENUE  
SUITE 1607  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 26-0879481**

**Certificate of Status Desired: No**

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

DEULOFEUT, HAROLD  
16001 COLLINS AVENUE  
SUITE 1607  
SUNNY ISLES BEACH, FL 33160 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	DEULOFEUT, HAROLD	Name	VELILLA-DEULOFEUT, ROSANA
Address	16001 COLLINS AVENUE, SUITE 1607	Address	16001 COLLINS AVENUE, SUITE 1607
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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: ROSANA VELILLA-DEULOFEUT**

**MANAGER**

**02/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date