

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003882

**Entity Name:** FLORIDA INSTITUTE FOR CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

10967 LAKE UNDERHILL RD  
SUITE 117  
ORLANDO, FL 32825

**Current Mailing Address:**

10967 LAKE UNDERHILL RD  
SUITE 117  
ORLANDO, FL 32825 US

**FEI Number:** 26-4058657

**Certificate of Status Desired:** No

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

LOPEZ, MARIA  
10967 LAKE UNDERHILL RD  
SUITE 117  
ORLANDO, FL 32825 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:** MARIA LOPEZ

02/25/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CRUZ, HUMBERTO JR  
Address 7200 CURRY FORD RD  
City-State-Zip: ORLANDO FL 32822

Title MGRM  
Name LOPEZ, MARIA C  
Address 1724 WINDING OAKS DR  
City-State-Zip: ORLANDO FL 32825

Title MGR  
Name MORAGUEZ, LELANIE  
Address 3824 DONNA LYNN LANE  
City-State-Zip: ORLANDO FL 32817

*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:** MARIA LOPEZ

MGMR

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date