

2016 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

03/22/2016

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

MANAGER

03/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date