

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000060610

**Entity Name:** SHAND CLINICAL RESEARCH CONSULTING, LLC

**Current Principal Place of Business:**

212 ARBOR DRIVE WEST  
PALM HARBOR, FL 34683

**Current Mailing Address:**

212 ARBOR DRIVE WEST  
PALM HARBOR, FL 34683

**FEI Number:** 45-2391651

**Certificate of Status Desired:** Yes

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

O'CONNOR, PATRICK MESQ.  
C/O O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 115  
CLEARWATER, FL 33764 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  
Name            SHAND, GAIL W  
Address        212 ARBOR DRIVE WEST  
City-State-Zip: PALM HARBOR FL 34683

*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:** GAIL SHAND

**PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date