

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000145042

**Entity Name:** HART CLINICAL CONSULTANTS LLC

**Current Principal Place of Business:**

1626 GRAND ISLE BLVD  
MELBOURNE, FL 32940

**Current Mailing Address:**

P O BOX 510482  
MELBOURNE BEACH, FL 32951 US

**FEI Number:** 45-4140507

**Certificate of Status Desired:** No

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

HART, JAMES J  
1626 GRAND ISLE BLVD  
MELBOURNE, FL 32940 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:** JAMES J HART

01/23/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	OWNER	Title	GENERAL MANAGER
Name	HART, JAMES J	Name	HART, MARK A
Address	P O BOX 510482	Address	P O BOX 510482
City-State-Zip:	MELBOURNE BEACH FL 32951	City-State-Zip:	MELBOURNE BEACH FL 32951

*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:** MARK A HART

CFO / GENERAL  
MANAGER

01/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date