

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000024321

Entity Name: MIDLAND FLORIDA CLINICAL RESEARCH CENTER LLC

Current Principal Place of Business:

665 PEACHWOOD DRIVE
SUITE 1
DELAND, FL 32720

Current Mailing Address:

665 PEACHWOOD DRIVE
SUITE 1
DELAND, FL 32720 US

FEI Number: 45-4703910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OGUCHI, ADAOBI N
330 MARKHAM WOODS RD
LONGWOOD, FL 32779 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 OGUCHI, ADAOBI N
Address 330 MARKHAM WOODS RD
City-State-Zip: LONGWOOD FL 32779

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: ADAOBI OGUCHI

MANAGER

03/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date