

**2015 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  
1659 ASTOR FARMS PLACE  
SANFORD, FL 32771 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 1659 ASTOR FARMS PLACE  
City-State-Zip: SANFORD FL 32771

*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**

**01/15/2015**

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

\_\_\_\_\_  
Date