

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000077380

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC2699769189**

**Entity Name:** CLINICAL TRIALS OF FLORIDA, LLC

**Current Principal Place of Business:**

12600 SW 120TH STREET, STE. 116 & 117  
MIAMI, FL 33186

**Current Mailing Address:**

12600 SW 120TH STREET, STE. 116  
MIAMI, FL 33186 US

**FEI Number:** 46-0562340

**Certificate of Status Desired:** No

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

MARQUEZ, ANA T  
12600 SW 120TH STREET, STE. 116  
MIAMI, FL 33186 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 MGRM  
Name MARQUEZ CLINICAL SITE PARTNERS, LLC  
Address 12600 SW 120TH STREET, STE. 116  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name KRAINSON, JAMES P  
Address 12600 SW 120TH STREET, STE. 116  
City-State-Zip: MIAMI FL 33186

Title MANAGER  
Name MARQUEZ, ANA T  
Address 8 STILLHOUSE PLACE  
City-State-Zip: MONTEREY TN 38574

*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:** ANA T. MARQUEZ

**MANAGER**

**03/19/2014**

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

\_\_\_\_\_  
Date