

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000093531

Entity Name: CLINOVATION RESEARCH, L.L.C.

Current Principal Place of Business:

8339 NW 12TH ST
DORAL, FL 33126

Current Mailing Address:

8339 NW 12TH ST
DORAL, FL 33126 US

FEI Number: 46-3085588

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APITZ, RAFAEL
4160 CASCADE TERRACE
WESTON, FL 33332 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 APITZ, RAFAEL
Address 2733 KINSINGTON CIRCLE
City-State-Zip: WESTON FL 33332

Title MGR
Name VILORIA, ALEJANDRO
Address 120 LAKEVIEW DR
APT 218
City-State-Zip: WESTON FL 33326

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: ALEJANDRO VILORIA

**BUSINESS
DEVELOPMENT
DIRECTORE**

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date