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: REBECA GONZALEZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: DR. DE ARMAS RESEARCH CENTER, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

11373 WEST FLAGLER STREET SUITE 212 MIAMI, FL 33174

DOCUMENT# L14000092297

Current Mailing Address:

11373 WEST FLAGLER STREET SUITE 212 MIAMI, FL 33174

FEI Number: 47-1071114

Name and Address of Current Registered Agent:

DE ARMAS, LUIS 11373 WEST FLAGLER STREET SUITE 212 MIAMI, FL 33174 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			
Authorized Person(s) Detail :					
	Title	MGR	Title	MGR	
	Name	GONZALEZ, REBECA	Name	DE ARMAS, MARIA E	
	Address	14950 SW 64 STREET	Address	11373 WEST FLAGLER STREET,	
	City-State-Zip:	MIAMI FL 33193	City-State-Zip:	SUITE 213 MIAMI FL 33174	
	Title	MGR			
	Name	DE ARMAS, LUIS E MD			
	Address	11373 WEST FLAGLER STREET, SUITE 212			
	City-State-Zip:	MIAMI FL 33174			

MANAGER



Date

Certificate of Status Desired: No

Date