

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000164371

**Entity Name:** ALLIANCE CLINICAL TRIALS, LLC

**Current Principal Place of Business:**

2387 WEST 68 STREET  
SUITE 402  
HIALEAH, FL 33016

**Current Mailing Address:**

2387 WEST 68 STREET  
SUITE 402  
HIALEAH, FL 33016

**FEI Number:** 47-2130467

**Certificate of Status Desired:** No

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

GUTIERREZ, HILDA C  
2387 WEST 68 STREET  
SUITE 402  
HIALEAH, FL 33016 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                            | Title           | MGR                            |
| Name            | PORTAL, ORTELIO                | Name            | GUTIERREZ, HILDA C             |
| Address         | 2387 WEST 68 STREET, SUITE 402 | Address         | 2387 WEST 68 STREET, SUITE 402 |
| City-State-Zip: | HIALEAH FL 33016               | City-State-Zip: | HIALEAH FL 33016               |

*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:** HILDA C. GUTIERREZ

**MANAGER**

**04/13/2015**

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

\_\_\_\_\_  
Date