I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am a managing member or manager of the limited liability company or the receiver of		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: VICTORIA A SANCHEZ	CEO	03/29/2020

SIGNATURE: VICTORIA A. SANCHEZ

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Principal Place of Business:**

16511 LAKE CHURCH DR. ODESSA FL, FL 33556

# **Current Mailing Address:**

DOCUMENT# L17000243007

16511 LAKE CHURCH DR. ODESSA FL. FL 33556

## FEI Number: 82-3509451

### Name and Address of Current Registered Agent:

SANCHEZ, VICTORIA A 16511 LAKE CHURCH DR. ODESSA FL, FL 33556 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: VICTORIA A. SANCHEZ

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title CEO Name SANCHEZ, VICTORIA Address 16511 LAKE CHURCH DR. City-State-Zip: ODESSA FL FL 33556

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: ADVANCED RESEARCH & CLINICAL TRIALS, LLC

## FILED Mar 29, 2020 Secretary of State 1831669194CC

Certificate of Status Desired: Yes

03/29/2020 Date

Date