

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000174579

**Entity Name:** FXM CLINICAL RESEARCH MIAMI, LLC

**Current Principal Place of Business:**

11760 BIRD RD  
SUITE 452  
MIAMI, FL 33175

**Current Mailing Address:**

11760 BIRD RD  
SUITE 452  
MIAMI, FL 33175 UN

**FEI Number:** 83-1353052

**Certificate of Status Desired:** Yes

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

DIEGO, MARITZA  
11760 BIRD RD  
SUITE 452  
MIAMI, FL 33175 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  
Name DIEGO, MARITZA D.  
Address 11760 BIRD RD SUITE 452  
City-State-Zip: MIAMI FL 33175

Title MGR  
Name DIEGO, KEVIN  
Address 11760 BIRD RD SUITE 452  
City-State-Zip: MIAMI FL 33175

Title MGR  
Name MONCADA, FRANCISCO  
Address 11760 BIRD RD SUITE 452  
City-State-Zip: MIAMI FL 33175

Title MGR  
Name JIMENEZ, ANTONIO  
Address 11760 BIRD RD SUITE 452  
City-State-Zip: MIAMI FL 33175

*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:** KEVIN DIEGO

COO

01/31/2024

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

\_\_\_\_\_  
Date