

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000181542

**Entity Name:** LEESBURG MEDICAL RESEARCH INSTITUTE,LLC

**Current Principal Place of Business:**

1038 W. NORTH BLVD., STE 101  
LEESBURG, FL 34748

**Current Mailing Address:**

1038 W. NORTH BLVD., STE 101  
LEESBURG, FL 34748 US

**FEI Number: 83-1389512**

**Certificate of Status Desired: No**

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

PALMETTO CHARTER SERVICES,INC  
149 RIDGRWOOD AVENUE, STE 700  
DAYTONA BEACH, FL 32114 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 MARQUEZ, ANA T  
Address 1788 W FAIRBANKS AVENUE  
STE A  
City-State-Zip: WINTER PARK FL 32789

Title VP  
Name DIAZ, JOSE L DR.  
Address 1038 W. NORTH BLVD., STE 101  
City-State-Zip: LEESBURG FL 34748

*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: ANA T MARQUEZ**

**CEO**

**06/16/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date