

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000061021

Entity Name: ACT CLINICAL TRIALS, LLC**Current Principal Place of Business:**4383 SUNSET CAY CIR
BOYNTON BEACH, FL 33436**Current Mailing Address:**4383 SUNSET CAY CIR
BOYNTON BEACH, FL 33436 US**FEI Number: 84-4360242****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOULGARIS, ARTHUR
4383 SUNSET CAY CIR
BOYNTON BEACH, FL 33436 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	VOULGARIS, ARTHUR A
Address	4383 SUNSET CAY CIR
City-State-Zip:	BOYNTON BEACH FL 33436

Title	MGR
Name	POULETTE, ASHLEY
Address	15894 77TH PLACE N
City-State-Zip:	LOXAHATCHEE FL 33470

Title	MGR
Name	VOULGARIS, ARTHUR
Address	4383 SUNSET CAY CIR
City-State-Zip:	BOYNTON BEACH FL 33436

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: ARTHUR VOULGARIS**MANAGER****01/25/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date