

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000289689

**Entity Name:** CORAL GABLES CLINICAL RESEARCH INSTITUTE, LLC**Current Principal Place of Business:**4790 SW 8 STREET  
CORAL GABLES, FL 33134**Current Mailing Address:**4790 SW 8 STREET  
CORAL GABLES, FL 33134 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALVAREZ, PEDRO  
9300 SW 20 STREET  
MIAMI, FL 33165 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	DE LA PEDRAJA, OSVALDO MD
Address	9300 SW 20 STREET
City-State-Zip:	MIAMI FL 33165

Title	MGR
Name	ALVAREZ, PEDRO
Address	9300 SW 20 STREET
City-State-Zip:	MIAMI FL 33165

Title	MGR
Name	NOGUER, JESUS G MD
Address	6463 SW 158 AVENUE
City-State-Zip:	MIAMI FL 33193

Title	MGR
Name	NOGUER, MERCEDES
Address	6463 SW 158 AVENUE
City-State-Zip:	MIAMI FL 33193

*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:** PEDRO ALVAREZ

VP

03/16/2023

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