that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ROSE-MARIE LEWIS

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L20000112090

Entity Name: VIDA CLINICAL RESEARCH, LLC

Current Principal Place of Business:

102 PARK PLACE BLVD SUITE B-2 KISSIMMEE, FL 34741

Current Mailing Address:

102 PARK PLACE BLVD SUITE B-2 KISSIMMEE, FL 34741 US

FEI Number: 85-0820837

Name and Address of Current Registered Agent:

LEWIS, ROSE-MARIE 102 PARK PLACE BLVD SUITE B-2 KISSIMMEE, FL 34741 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	: ROSE-MARIE LEWIS			02/13/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	LEWIS, ROSE-MARIE	Name	LEWIS, MICHAEL	
Address	102 PARK PLACE BLVD SUITE B-2	Address	102 PARK PLACE BLVD SUITE B-2	
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741	

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

AUTHORIZED MEMBER

02/13/2024

FILED
Feb 13, 2024
Secretary of State
4651614868CC

Certificate of Status Desired: No

Date