

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000136834

**Entity Name:** CLINICAL SITE PARTNERS LEESBURG, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 85-1205415**

**Certificate of Status Desired: No**

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

PALMETTO CHARTER SERVICES, INC.  
149 S. RIDGEWOOD AVENUE SUITE 700  
DAYTONA, 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	CEO	Title	COO
Name	MARQUEZ, ANA T	Name	DIAZ, JOSE L DR.
Address	1960 ALAQUA DRIVE	Address	1038 W. NORTH BLVD., SUITE 101
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LEESBURG FL 34748
Title	CMO		
Name	ZELAYA, SHEYLA DR.		
Address	1038 W. NORTH BLVD., SUITE 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**

**02/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date