

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000335963

**Entity Name:** FORWARD CLINICAL TRIALS, LLC

**Current Principal Place of Business:**

15416 N FLORIDA AVE  
TAMPA, FL 33613

**Current Mailing Address:**

15416 N FLORIDA AVE  
TAMPA, FL 33613 US

**FEI Number:** 46-1467459

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CORPORATION SYSTEM

01/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CENEXEL CLINICAL RESEARCH, INC.  
Address 650 EAST 4500 SOUTH, SUITE 210  
City-State-Zip: SALT LAKE CITY UT 84107

Title AMBR  
Name CENEXEL CLINICAL RESEARCH, INC.  
Address 650 EAST 4500 SOUTH  
SUITE 210  
City-State-Zip: SALT LAKE CITY UT 84107

Title AUTHORIZED MEMBER  
Name FORMAN, SETH  
Address 15416 N FLORIDA AVE  
City-State-Zip: TAMPA FL 33613

*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:** MARY MOWER

**DIRECTOR OF FINANCE**

01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date