

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000318834

**Entity Name:** ALTRUISTIC CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

3267 DAVIE BLVD  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

2950 N PALM AIRE DR APT 105  
POMPANO BEACH, FL 33069 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

OSORIO, POLO D  
2950 N PALM AIRE DR APT 105  
POMPANO BEACH, FL 33069 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 OSORIO, POLO D  
Address 2950 N PALM AIRE DR APT 105  
City-State-Zip: POMPANO BEACH FL 33069

Title MGR  
Name DE LA MORA MAGANA, ALMA R  
Address 2950 N PALM AIRE DR APT 105  
City-State-Zip: POMPANO BEACH FL 33069

Title MGR  
Name BENITEZ-BENITEZ, JOSEPH D  
Address 3555 HARLOWE AVENUE  
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:** POLO OSORIO

MGR

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date