# DOCUMENT# M16000003266

#### Entity Name: ASCLEPES RESEARCH CENTERS MANAGEMENT, LLC

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

### Current Principal Place of Business:

16237 VENTURA BLVD 2ND FLOOR ENCINO, CA 91436

#### **Current Mailing Address:**

16237 VENTURA BLVD 2ND FLOOR ENCINO, CA 91436 US

### FEI Number: 47-3976542

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

## Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	SHARMA MD, ANIL	Name	WELKE, TIMOTHY
Address	14860 ROSCOE BLVD SUITE 304	Address	9250 RESEADA BLVD # 658
City-State-Zip:	PANORAMA CITY CA 91402	City-State-Zip:	NORTHRIDGE CA 91324

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: ANIL SHARMA MD

MANAGER

02/13/2024

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 13, 2024 Secretary of State 4454288713CC

Certificate of Status Desired: No

Date