

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003266

Entity Name: ASCLEPES RESEARCH CENTERS MANAGEMENT, LLC

Current Principal Place of Business:

14860 ROSCOE BLVD.
SUITE 304
PANORAMA CITY, CA 91402

Current Mailing Address:

14860 ROSCOE BLVD.
SUITE 304
PANORAMA CITY, CA 91402 US

FEI Number: 47-3976542

Certificate of Status Desired: No

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

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name SHARMA, ANIL
Address 9250 RESEADA BLVD # 658
City-State-Zip: NORTHRIDGE CA 91324

Title MANAGER
Name WELKE, TIMOTHY
Address 9250 RESEADA BLVD # 658
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

MANAGER

01/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date