

**2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000046945

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** FORTMULLER CLINICAL RESEARCH CONSULTANTS

**Current Principal Place of Business:**

565 LILLIAN DRIVE  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

565 LILLIAN DRIVE  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 68-0606654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FORTMULLER, KATHLEEN S  
565 LILLIAN DRIVE  
MADEIRA BEACH, FL 33708 US

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

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: KATHLEEN FORTMULLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: CEO  
Name: FORTMULLER, KATHLEEN S  
Address: 565 LILLIAN DRIVE  
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: KATHLEEN FORTMULLER

\_\_\_\_\_  
Electronic Signature of Authorized Person

CEO

10/01/2014

\_\_\_\_\_  
Date