

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000022240

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CLINICAL RESEARCH GROUP, LLC

**Current Principal Place of Business:**

450 RAGAN DRIVE  
MIAMI, FL 33166

**New Principal Place of Business:**

8395 SW 73 AVENUE  
#420  
MIAMI, FL 33143

**Current Mailing Address:**

450 RAGAN DRIVE  
MIAMI, FL 33166

**New Mailing Address:**

8395 SW 73 AVENUE  
#420  
MIAMI, FL 33143

**FEI Number:** 80-0553878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDES, CHRISTINA L  
450 RAGAN DRIVE  
MIAMI, FL 33166 US

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

VALDES, CHRISTINA L  
8395 SW 73 AVENUE  
#420  
MIAMI, FL 33143 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: CHRISTINA VALDES

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VALDES, CHRISTINA L  
Address: 8395 SW 73 AVENUE, #420  
City-St-Zip: MIAMI, FL 33143

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTINA VALDES

MGRM

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date