

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000030226

FILED
Apr 03, 2013
Secretary of State

Entity Name: LUZMED CLINICAL RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

1840 W 49 STREET
SUITE 605
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

1840 W 49 STREET
SUITE 605
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 27-5552423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MALLADA, LUCY E
1840 W 49 STREET
SUITE 605
HIALEAH, FL 33012 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: LUCY MALLADA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MALLADA, LUCY E
Address: 1840 W 49 STREET STE. 605
City-St-Zip: HIALEAH, FL 33012 US

Title: MGRM
Name: MALLADA, MANUEL
Address: 1840 W 49 STREET STE. 605
City-St-Zip: HIALEAH, FL 33012

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: LUCY MALLADA

MGR

04/03/2013

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