

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000130354

**FILED**  
**Oct 10, 2012**  
**Secretary of State**

**Entity Name:** MIAMI CENTER FOR CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

8660 W. FLAGLER STREET, STE. 133  
MIAMI, FL 33144

**New Principal Place of Business:**

8660 W. FLAGLER STREET,  
SUITE 133  
MIAMI, FL 33144

**Current Mailing Address:**

8660 W. FLAGLER STREET, STE. 133  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 45-3913518      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ELLIS, JOHN D  
690 SW 1ST COURT #703  
MIAMI, FL 33130 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: JOHN D ELLIS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ELLIS, JOHN  
**Address:** 8660 W. FLAGLER STREET, STE. 133  
**City-St-Zip:** MIAMI, FL 33144

**Title:** MGRM  
**Name:** SAMPEIRO, ENRIQUE  
**Address:** 8660 W. FLAGLER STREET, STE. 133  
**City-St-Zip:** MIAMI, FL 33144

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: ENRIQUE SAMPEIRO

MGRM

10/10/2012

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