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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. PRESIDENT

SIGNATURE: BONNIE SEGAL

Electronic Signature of Signing Officer/Director Detail

MIAMI LAKES, FL 33016 US

FEI Number: 27-2002917

Name and Address of Current Registered Agent:

SEGAL, BONNIE 14125 NW 80TH AVENUE SUITE 2 MIAMI L

The abov of Florida. SIGNA

Officer	Director	Detail ·	

Officer/Director Detail :				
Title	CEO	Title	PRESIDENT	
Name	SEGAL, SCOTT	Name	SEGAL, BONNIE	
Address	1065 N.E. 125TH STREET SUITE 300	Address	14125 NW 80TH AVENUE SUITE 206	
City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	MIAMI LAKES FL 33016	

	Electronic Signature of Registered Agent
TURE:	
e named er	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of
206 AKES, FL	33016 US
W 801H A	VENUE

SUITE 205 LAUDERHILL, FL 33319

7481 WEST OAKLAND PARK BLVD

Current Principal Place of Business:

DOCUMENT# P10000018206

Current Mailing Address:

14125 NW 80TH AVENUE SUITE 206

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT Entity Name: INNOVATIVE CLINICAL RESEARCH, INC.

FILED Feb 08, 2024 Secretary of State 2796914984CC

Certificate of Status Desired: No

02/08/2024 Date

Date