

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000051908

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**1216539802CC**

**Entity Name:** ACEVEDO CLINICAL RESEARCH ASSOCIATES CO.

**Current Principal Place of Business:**

2400 NW 54TH STREET  
MIAMI, FL 33142

**Current Mailing Address:**

2400 NW 54TH STREET  
MIAMI, FL 33142 US

**FEI Number:** 47-1142925

**Certificate of Status Desired:** No

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

PADILLA, GRACIELA  
2400 NW 54TH STREET  
MIAMI, FL 33142 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ACEVEDO, ARMANDO E MD  
Address 2400 NW 54TH  
City-State-Zip: MIAMI FL 33142

Title SV  
Name SAURA, LOURDES  
Address 2400 NW 54TH STREET  
City-State-Zip: MIAMI FL 33142

Title VPT  
Name SAURA, LOURDES  
Address 2400 NW 54TH ST  
City-State-Zip: MIAMI FL 33142

Title S  
Name FERNANDEZ, BLAKE E  
Address 2400 NW 54TH ST  
City-State-Zip: MIAMI FL 33142

*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.*

**SIGNATURE:** LOURDES SAURA

**VICE PRESIDENT**

**01/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date