

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000086077

**Entity Name:** INFINITE CLINICAL RESEARCH INC

**Current Principal Place of Business:**

3661 S. MIAMI AVE.  
SUITE 801  
MIAMI, FL 33133

**Current Mailing Address:**

3661 S. MIAMI AVE.  
SUITE 801  
MIAMI, FL 33133 US

**FEI Number:** 47-2141481

**Certificate of Status Desired:** No

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

HERNANDEZ, MEYLING  
3661 S. MIAMI AVE.  
SUITE 801  
MIAMI, FL 33133 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	Title	VP
Name	FERNANDEZ, DESIREE	Name	HERNANDEZ, MEYLING
Address	3661 S. MIAMI AVE. SUITE 801	Address	3661 S. MIAMI AVE. SUITE 801
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

*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:** FERNANDEZ, DESIREE

**AUTHORIZE REP**

**01/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date