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: RONIEL PEREZ

Electronic Signature of Signing Officer/Director Detail

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:

PEREZ, RONIEL

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

Ρ

Officer/Director Detail :

Title PEREZ. RONIEL Name

Address

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000095710

Entity Name: EMINENCE MEDICAL & CLINICAL RESEARCH, INC.

Current Principal Place of Business:

1419 W. WATERS AVE. SUITE 115 TAMPA, FL 33604

Current Mailing Address:

1419 W. WATERS AVE. SUITE 115 TAMPA, FL 33604 US

FEI Number: 81-0821138

11227 MADISON PARK DR. TAMPA, FL 33625 US

11227 MADISON PARK DR

City-State-Zip: TAMPA FL 33625

FILED Jul 20, 2020 Secretary of State 0555621767CC

Certificate of Status Desired: No

Date