

**2019 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

**Certificate of Status Desired:** No

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

PEREZ, RONIEL  
11227 MADISON PARK DR.  
TAMPA, FL 33625 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 PEREZ, RONIEL  
Address 11227 MADISON PARK DR  
City-State-Zip: TAMPA FL 33625

*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:** RONIEL PEREZ

**PRESIDENT**

**03/08/2019**

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

\_\_\_\_\_  
Date