

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000086473

**Entity Name:** ANGELS CLINICAL RESEARCH INSTITUTE INC

**Current Principal Place of Business:**

7500 NW 25 STREET  
SUITE 114  
MIAMI, FL 33122

**Current Mailing Address:**

7500 NW 25 ST  
SUITE 114  
MIAMI, FL 33122 US

**FEI Number:** 83-2273081

**Certificate of Status Desired:** No

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

LEON, YOLANDA  
7500 NW 25 STREET  
SUITE 114  
MIAMI, FL 33122 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 LEON, YOLANDA  
Address 7500 NW 25 STREET STE 114  
City-State-Zip: MIAMI FL 33122

*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:** YOLANDA LEON

CEO

02/11/2019

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

\_\_\_\_\_  
Date