

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000044381

**Entity Name:** ADAPTIVE CLINICAL RESEARCH INC.

**Current Principal Place of Business:**

7481 WEST OAKLAND PARK BLVD  
SUITE 205  
LAUDERHILL, FL 33319

**Current Mailing Address:**

14125 NW 80TH AVENUE  
SUITE 202  
MIAMI LAKES, FL 33016 US

**FEI Number:** 85-2232646

**Certificate of Status Desired:** Yes

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

SEGAL INSTITUTE FOR CLINICAL RESEARCH  
14125 NW 80TH AVENUE  
SUITE 202  
MIAMI LAKES, FL 33016 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            CEO  
Name            SEGAL, SCOTT  
Address        1065 NE 125TH ST SUITE 300  
City-State-Zip: NORTH MIAMI FL 33161

Title            PRESIDENT  
Name            SEGAL, BONNIE M  
Address        14125 NW 80TH AVENUE, SUITE 202  
City-State-Zip: MIAMI LAKES FL 33016

*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:** BONNIE SEGAL

**PRESIDENT**

**04/30/2025**

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

\_\_\_\_\_  
Date