that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW J CUTLER MD

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076279

Entity Name: FLORIDA CLINICAL RESEARCH CENTER, LLC

Current Principal Place of Business:

2300 MAITLAND CENTER PARKWAY SUITE 230 MAITLAND, FL 32751

Current Mailing Address:

2300 MAITLAND CENTER PARKWAY SUITE 230 MAITLAND, FL 32751

FEI Number: 20-1792121

Name and Address of Current Registered Agent:

CUTLER, ANDREW J 8043 COOPER CREEK BLVD SUITE 107 BRADENTON, FL 34208 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: ANDREW J CUTLER MD

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR CUTLER, ANDREW J Name 8956 BLOOMFIELD BLVD. Address

City-State-Zip: SARASOTA FL 34238

01/27/2016

Date

Certificate of Status Desired: Yes

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MGR

FILED Jan 27, 2016

Secretary of State

CC3843708074

01/27/2016 Date