| Current Pri | ncipal Place of Business: | | | |
|--|---|--------------------------|--|------|
| 565 LILLIAN D | RIVE | | | |
| MADEIRA BEA | CH, FL 33708 | | | |
| Current Ma | iling Address: | | | |
| 565 LILLIAN | - | | | |
| | BEACH, FL 33708 | | | |
| | | | | |
| FEI Number: 68-0606654 | | | Certificate of Status Desired: Yes | |
| Name and A | Address of Current Registered Agent: | | | |
| | , KATHLEEN S | | | |
| | | | | |
| 565 LILLIAN D | | | | |
| 565 LILLIAN D | CH, FL 33708 US | | | |
| 565 LILLIAN D MADEIRA BEA | | istered office or regis | tered agent, or both, in the State of Florida. | |
| 565 LILLIAN D MADEIRA BEA | CH, FL 33708 US d entity submits this statement for the purpose of changing its reg | istered office or regis | tered agent, or both, in the State of Florida. | |
| 565 LILLIAN D MADEIRA BEA The above name | CH, FL 33708 US d entity submits this statement for the purpose of changing its reg | istered office or regis | tered agent, or both, in the State of Florida. | Date |
| 565 LILLIAN D MADEIRA BE# The above name SIGNATUR | CH, FL 33708 US d entity submits this statement for the purpose of changing its reg E: | istered office or regis | tered agent, or both, in the State of Florida. | Date |
| 565 LILLIAN D MADEIRA BE# The above name SIGNATUR | CH, FL 33708 US d entity submits this statement for the purpose of changing its reg E: Electronic Signature of Registered Agent | istered office or regis | tered agent, or both, in the State of Florida. | Date |
| 565 LILLIAN D MADEIRA BEA The above name SIGNATUR Authorized | CH, FL 33708 US d entity submits this statement for the purpose of changing its reg E: Electronic Signature of Registered Agent Person(s) Detail : | | | Date |
| 565 LILLIAN D MADEIRA BEA The above name SIGNATUR Authorized Title | ICH, FL 33708 US d entity submits this statement for the purpose of changing its reg E: Electronic Signature of Registered Agent Person(s) Detail : CEO | Title | VP | Date |
| 565 LILLIAN D MADEIRA BEA The above name SIGNATUR Authorized Title Name | ICH, FL 33708 US d entity submits this statement for the purpose of changing its reg E: Electronic Signature of Registered Agent Person(s) Detail : CEO FORTMULLER, KATHLEEN S 565 LILLIAN DRIVE | Title Name | VP FORTMULLER, STEPHEN P 565 LILLIAN DRIVE | Date |
| 565 LILLIAN D MADEIRA BEA The above name SIGNATUR Authorized Title Name Address | ICH, FL 33708 US d entity submits this statement for the purpose of changing its reg E: Electronic Signature of Registered Agent Person(s) Detail : CEO FORTMULLER, KATHLEEN S 565 LILLIAN DRIVE | Title Name Address | VP FORTMULLER, STEPHEN P 565 LILLIAN DRIVE | Date |

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

SIGNATURE: KATHLEEN FORTMULLER

565 LILLIAN DRIVE City-State-Zip: MADEIRA BEACH FL 33708

Address

CEO

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046945

Entity Name: FORTMULLER CLINICAL RESEARCH CONSULTANTS

Current Principal Place of Business:

FILED Mar 03, 2016 **Secretary of State** CC8084138380

Date