

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000046945

**Entity Name:** FORTMULLER CLINICAL RESEARCH CONSULTANTS

**Current Principal Place of Business:**

565 LILLIAN DRIVE  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

565 LILLIAN DRIVE  
MADEIRA BEACH, FL 33708

**FEI Number: 68-0606654**

**Certificate of Status Desired: Yes**

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

FORTMULLER, KATHLEEN S  
565 LILLIAN DRIVE  
MADEIRA BEACH, FL 33708 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

**Authorized Person(s) Detail :**

Title            CEO  
Name            FORTMULLER, KATHLEEN S  
Address        565 LILLIAN DRIVE  
City-State-Zip: MADEIRA BEACH FL 33708

Title            VP  
Name            FORTMULLER, STEPHEN P  
Address        565 LILLIAN DRIVE  
City-State-Zip: MADEIRA BEACH FL 33708

Title            MANAGER  
Name            CONRADI, KYLE M  
Address        565 LILLIAN DRIVE  
City-State-Zip: MADEIRA BEACH FL 33708

*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**

**PRESIDENT**

**04/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date