

2015 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

CEO

02/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date