2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2019
Secretary of State
7792133892CC

DOCUMENT# L07000076647

Entity Name: NORTHWEST FLORIDA CLINICAL RESEARCH GROUP, LLC

Current Principal Place of Business:

400 GULF BREEZE PKWY.,
SUITE 203
GULF BREEZE, FL 32561

Current Mailing Address:

400 GULF BREEZE PKWY.,
SUITE 203
GULF BREEZE, FL 32561 US

FEI Number: 26-0618333

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RENFROE, JAMES B
224 NORTHCLIFF
GULF BREEZE, FL 32561 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	OWNER	Title	OWNER
Name	RENFROE, JAMES B	Name	BOUGHER, GENEI
Address	224 NORTHCLIFF	Address	400 GULF BREEZE PKWY., SUITE 203
City-State-Zip:	GULF BREEZE FL 32561	City-State-Zip:	GULF BREEZE FL 32561

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: RENFROE , JAMES B OWNER 02/26/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date