

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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: No

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 MANAGER
Name RENFROE, JAMES B
Address 224 NORTHCLIFF
City-State-Zip: GULF BREEZE FL 32561

Title MANAGER
Name BOUGHER, GENEI
Address 400 GULF BREEZE PKWY.,
 SUITE 203
City-State-Zip: GULF BREEZE FL 32561

Title MANAGER
Name MAUNEY, WELDON A III
Address 1260 TALL PINE TRAIL
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

MANAGER

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date