

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001743

**Entity Name:** PASADENA CENTER FOR MEDICAL RESEARCH, LLC.

**Current Principal Place of Business:**

5454 CENTRAL AVE N.  
SUITE A  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

5454 CENTRAL AVE  
SUITE A  
ST. PETERSBURG, FL 33707 US

**FEI Number:** 27-1626663

**Certificate of Status Desired:** No

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

ALI ELTOUM, MOHAMED I  
5454 CENTRAL AVE  
SUITE A  
ST. PETERSBURG, FL 33707 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 MGRM  
Name ALI ELTOUM , MOHAMED  
Address 5454 CENTRAL AVE  
SUITE A  
City-State-Zip: ST. PETERSBURG FL 33707

Title MGRM  
Name ALRABAA, SALLY  
Address 5454 CENTRAL AVE  
SUITE A  
City-State-Zip: ST. PETERSBURG FL 33707

*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:** MOHAMED ALI ELTOUM

**OWNER**

**02/06/2024**

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

\_\_\_\_\_  
Date