

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000017036

**Entity Name:** RIVERSIDE CLINICAL RESEARCH, LLC.

**Current Principal Place of Business:**

1410 S RIDGWOOD AVE.  
EDGEWATER, FL 32132

**Current Mailing Address:**

1410 S. RIDGEWOOD AVE.  
EDGEWATER, FL 32132 US

**FEI Number:** 27-2694354

**Certificate of Status Desired:** Yes

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

SKINNER, THERESA DOF  
1410 S RIDGWOOD AVE  
EDGEWATER, FL 32132 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:** THERESA SKINNER

02/11/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO  
Name HARDEE, TRISH  
Address 521 WILDWOOD DR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DOCO  
Name HARDEE, BRUCE E  
Address 521 WILDWOOD DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** BRUCE HARDEE

DOF

02/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date