

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000017036

Entity Name: RIVERSIDE CLINICAL RESEARCH, LLC.

Current Principal Place of Business:

346 N. RIDGEWOOD AVE.
SUITE B
EDGEWATER, FL 32132

Current Mailing Address:

346 N. RIDGEWOOD AVE.
SUITE B
EDGEWATER, FL 32132

FEI Number: 27-2694354

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARDEE, TRISH
521 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168 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 HARDEE, TRISH
Address 521 N. WILDWOOD
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
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

**DIRECTOR OF
OPERATIONS**

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date