

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038034

**Entity Name:** THE CLINICAL RESEARCH INSTITUTE LLC

**Current Principal Place of Business:**

1901 NW 7TH ST  
100  
MIAMI, FL 33125

**Current Mailing Address:**

1901 NW 7TH ST  
100  
MIAMI, FL 33125

**FEI Number:** 27-2355559

**Certificate of Status Desired:** No

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

ALONSO, CARMEN  
1901 NW 7TH ST  
100  
MIAMI, FL 33125 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 MGR  
Name ALONSO, CARMEN  
Address 1901 NW 7TH ST STE 100  
City-State-Zip: MIAMI FL 33125

Title MGRM  
Name GARCIA, ALFREDO C  
Address 1901 NW 7TH ST STE 100  
City-State-Zip: MIAMI FL 33125

*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:** CARMEN ALONSO

**MGR**

**04/30/2014**

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

\_\_\_\_\_  
Date