

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000030226

**Entity Name:** LUZMED CLINICAL RESEARCH INSTITUTE, LLC

**Current Principal Place of Business:**

1840 W 49 STREET  
SUITE 605  
HIALEAH, FL 33012

**Current Mailing Address:**

1840 W 49 STREET  
SUITE 605  
HIALEAH, FL 33012 US

**FEI Number:** 27-5552423

**Certificate of Status Desired:** Yes

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

MALLADA, LUCY E  
1840 W 49 STREET  
SUITE 605  
HIALEAH, FL 33012 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	Title	MGRM
Name	MALLADA, LUCY E	Name	MALLADA, MANUEL
Address	1840 W 49 STREET STE. 605	Address	1840 W 49 STREET STE. 605
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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:** LUCY E MALLADA

**OWNER**

**03/20/2015**

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

\_\_\_\_\_  
Date