

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000076926

**Entity Name:** SPECIALIZED CLINICAL RESEARCH CONSULTING, LLC

**Current Principal Place of Business:**

1400 NE 102 STREET  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

1400 NE 102 STREET  
MIAMI SHORES, FL 33138

**FEI Number:** 45-2669632

**Certificate of Status Desired:** Yes

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

LASO, LAURA J  
1400 NE 102 STREET  
MIAMI SHORES, FL 33138 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 LASO, LAURA J  
Address 1400 NE 102 STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title MGRM  
Name PENA, JUAN C  
Address 1400 NE 102 STREET  
City-State-Zip: MIAMI SHORES FL 33138

*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:** JUAN C PENA

MGRM

01/21/2014

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

\_\_\_\_\_  
Date