

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000122821

**Entity Name:** RESEARCH CENTERS OF AMERICA, LLC

**Current Principal Place of Business:**

7261 SHERIDAN ST STE 210  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

7261 SHERIDAN ST STE 210  
HOLLYWOOD, FL 33024

**FEI Number:** 45-3743696

**Certificate of Status Desired:** No

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

THE CORPORATION TRUST COMPANY  
1200 PINE ISLAND RD  
PLANTATION, FL 33324 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 VENTRE, PETER P  
Address 7261 SHERIDAN STREET  
SUITE 210  
City-State-Zip: HOLLYWOOD FL 33024

Title MGR  
Name SCHWARTZ, HOWARD I  
Address 7261 SHERIDAN STREET  
SUITE 210  
City-State-Zip: HOLLYWOOD FL 33024

Title MGR  
Name CENEXEL CLINICAL RESEARCH, INC.  
Address 100 WINTER ST  
City-State-Zip: WALTHAM MA 02451

*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:** HOWARD SCHWARTZ

**MGR**

**06/09/2020**

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

\_\_\_\_\_  
Date