## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000014221

Entity Name: CLINICAL SITE PARTNERS, LLC

**Current Principal Place of Business:** 

1788 W. FAIRBANKS AVENUE, STE. B

WINTER PARK, FL 32789

**Current Mailing Address:** 

ATTN: ANA T MARQUEZ 12600 SW 120 STREET, #116

MIAMI, FL 33186 US

FEI Number: 45-4436651 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARQUEZ, ANA T 1788 W FAIRBANKS AVENUE STE A WINTER PARK, FL 32789 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

**FILED** Apr 25, 2019

**Secretary of State** 

0160477453CC

Authorized Person(s) Detail:

Title MGR Title MANAGER

MARQUEZ, ANA T Name Name FAKIH, FAISAL A DR.

Address 1788 W FAIRBANKS AVENUE Address 1788 W FAIRBANKS AVENUE, #B

STE A

WINTER PARK FL 32789 City-State-Zip: WINTER PARK FL 32789 City-State-Zip:

Title **AUTHORIZED MEMBER** 

MARQUEZ CLINICAL SITE PARTNERS, Name

Address 12600 SW 120 STREET, STE 116

MIAMI FL 33186 City-State-Zip:

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.

04/25/2019 SIGNATURE: ANA T. MARQUEZ **CEO**