

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000055641

**Entity Name:** PHOENIX MEDICAL RESEARCH LLC

**Current Principal Place of Business:**

8900 S.W. 24TH STREET  
200  
MIAMI, FL 33165

**Current Mailing Address:**

11041 SNAPPER CREEK DR. N  
MIAMI, FL 33173 US

**FEI Number:** 90-0853333

**Certificate of Status Desired:** Yes

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

VALDES, TERESA M  
11041 SNAPPER CREEK DR. N  
MIAMI, FL 33173 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	Title	MGRM
Name	VALDES, TERESA M	Name	VALDES, PEDRO PSR
Address	11041 SNAPPER CREEK DR. N	Address	11041 SNAPPER CREEK DR. N
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

*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:** TERESA M. VALDES

MGR

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date