

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000080333

**Entity Name:** EMPIRE CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

8181 NW 154 ST  
290  
MIAMI LAKE, FL 33016

**Current Mailing Address:**

8181 NW 154 ST  
290  
MIAMI LAKE, FL 33016 US

**FEI Number:** 46-2910344

**Certificate of Status Desired:** No

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

PERNAS, NEFTALI  
1036 NW 11 AVE  
MIAMI, FL 33136 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 PERNAS, NEFTALI  
Address 1036 NW 11 AVE  
City-State-Zip: MIAMI FL 33136

Title MGRM  
Name GALVAN, MARIBEL  
Address 7155 NW 173RD DR UNIT 1201  
City-State-Zip: MIAMI FL 33015

*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:** MARIBEL GALVAN

**MGRM**

**04/23/2014**

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

\_\_\_\_\_  
Date