

**2016 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:**

LAO, RAUDEL  
8181 NW 154 ST STE 290  
MIAMI LAKES, FL 33016 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 LAO, RAUDEL  
Address 8181 NW 154 ST STE 290  
City-State-Zip: MIAMI LAKES FL 33016

*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:** RAUDEL LA O

**MANAGER**

**03/07/2016**

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

\_\_\_\_\_  
Date