

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000120441

**Entity Name:** PANAX CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

14600 NW 60TH AVENUE  
UNIT B  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

14600 NW 60TH AVENUE  
UNIT B  
MIAMI LAKES, FL 33014 US

**FEI Number:** 46-3509305

**Certificate of Status Desired:** No

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

ATWELL, MATTHEW  
18031 BISCAYNE BLVD  
#801  
AVENTURA, FL 33160 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 MANAGER  
Name ATWELL, MATTHEW  
Address 18031 BISCAYNE BLVD #801  
City-State-Zip: AVENTURA FL 33160

Title GENERAL MANAGER  
Name REVOREDO, MARIA  
Address 14600 NW 60TH AVENUE  
UNIT B  
City-State-Zip: MIAMI LAKES FL 33014

Title MANAGER  
Name SANTANA, FRANCISCA C  
Address 14600 NW 60TH AVENUE  
UNIT B  
City-State-Zip: MIAMI LAKES FL 33014

Title MANAGER  
Name PERRY, ROBERT DR.  
Address 14600 NW 60TH AVENUE  
UNIT B  
City-State-Zip: MIAMI LAKES FL 33014

*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:** MARIA REVOREDO

**CEO**

**01/13/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date