

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000017695

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

**Current Principal Place of Business:**

1840 WEST 49 STREET  
STE 301  
HIALEAH, FL 33012

**Current Mailing Address:**

1840 WEST 49 STREET  
STE 301  
HIALEAH, FL 33012 US

**FEI Number:** 27-1867431

**Certificate of Status Desired:** No

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

GUZMAN, LUZ E  
1840 WEST 49 STREET  
STE 301  
HIALEAH, FL 33012 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:** LUZ E GUZMAN

01/15/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GUZMAN, LUZ E  
Address 1840 WEST 49 ST, STE 301  
City-State-Zip: HIALEAH FL 33012

*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:** LUZ E GUZMAN

MEMBER

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date