

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000100592

Entity Name: BAYSIDE CLINICAL RESEARCH, LLC

Current Principal Place of Business:

7918 W. HILLSBOROUGH AVE.
TAMPA, FL 33615

Current Mailing Address:

P.O. BOX 260246
TAMPA, FL 33685 US

FEI Number: 81-2832805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEON, ROBERTO
7918 W. HILLSBOROUGH AVE.
TAMPA, FL 33615 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 AMBR
Name LEON, ROBERTO
Address 7918 W. HILLSBOROUGH AVE.
City-State-Zip: TAMPA FL 33615

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: ROBERTO LEON

PRESIDENT

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date