

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000169882

**Entity Name:** POWER MD CLINICAL RESEARCH INSTITUTE L.L.C.

**Current Principal Place of Business:**

4000 N 37 AVE  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4000 N 37 AVE  
HOLLYWOOD, FL 33021 US

**FEI Number: 81-4545406**

**Certificate of Status Desired: No**

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

GONZALEZ, AMAURY  
4000 N 37 AVE  
HOLLYWOOD, FL 33021 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:** AMAURY GONZALEZ

04/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name GONZALEZ, ALEJANDRO A  
Address 15480 SW 284 ST. #208  
City-State-Zip: HOMESTEAD FL 33033

Title MBR  
Name GONZALEZ, AMAURY  
Address 15480 SW 284 ST. #208  
City-State-Zip: HOMESTEAD FL 33033

*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:** AMAURY GONZALEZ

MBR

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date