

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000179070

**Entity Name:** NIRVANA RESEARCH CENTER LLC

**Current Principal Place of Business:**

3900 NW 79 AVE  
728  
DORAL, FL 33166

**Current Mailing Address:**

3900 NW 79 AVE  
728  
DORAL, FL 33166

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NIRVANA CLINIC CENTER LLC  
3900 NW 79 AVE  
728  
DORAL, FL 33166 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 AP  
Name ALMEIDA, VICTORIA  
Address 1192 NW 134 PL  
City-State-Zip: MIAMI FL 33182

Title AP  
Name MANNO, DANIELA  
Address 1415 NW 15 AVE APT 905  
City-State-Zip: MIAMI FL 33125

*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:** DANIELA MANNO

AP

02/13/2017

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

\_\_\_\_\_  
Date