

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000216891

Entity Name: APEX CLINICAL RESEARCH LLC

Current Principal Place of Business:

APEX CLINICAL RESEARCH
10549 N FLORIDA AVE, SUITE # I
TAMPA, FL 33612

Current Mailing Address:

APEX CLINICAL RESEARCH
10549 N FLORIDA AVE, SUITE # I
TAMPA, FL 33612 US

FEI Number: 81-4565939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, SIDDHARTH V
APEX CLINICAL RESEARCH
10549 N FLORIDA AVE, SUITE # I
TAMPA, FL 33612 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 PATEL, SIDDHARTH V
Address 3512 MAJESTIC VIEW DR
City-State-Zip: LUTZ FL 33558

Title AMBR
Name PATEL, CHETNA D
Address 15202 OCTAVIA LN
City-State-Zip: ODESSA FL 33556

Title AMBR
Name PATEL, CHANDRAVADAN J
Address 2623 CLARK ROAD
City-State-Zip: TAMPA FL 33618

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: SIDDHARTH PATEL

MANAGER

01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date