

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000003629

**Entity Name:** VAN BUREN CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

2600 VAN BUREN STREET  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2600 VAN BUREN STREET  
HOLLYWOOD, FL 33020 US

**FEI Number:** 81-5153707

**Certificate of Status Desired:** Yes

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

GAY, ALIX MD  
2600 VAN BUREN STREET  
HOLLYWOOD, FL 33020 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 MGR  
Name GAY, ALISHA RN  
Address 3580 N HILLS DR.  
City-State-Zip: HOLLYWOOD FL 33021

Title MGR  
Name GAY, REGINALD S MD  
Address 3580 N. HILLS DR.  
City-State-Zip: HOLLYWOOD FL 33021

Title MGR  
Name GAY, ALIX MD  
Address 2600 VAN BUREN ST.  
City-State-Zip: HOLLYWOOD FL 33020

*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:** ALIX GAY

**PRESIDENT**

**01/15/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date