

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000062214

Entity Name: UNIVERSAL AXON CLINICAL RESEARCH, LLC

Current Principal Place of Business:

3650 NW 82ND AVE.
503
DORAL, FL 33166

Current Mailing Address:

3650 NW 82ND AVE.
503
DORAL, FL 33166

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROCHE, GIAN
3650 NW 82ND AVE
503
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 MGR
Name TROCHE, GIAN
Address 3650 NW 82ND AVE.
503
City-State-Zip: DORAL FL 33166

Title MGR
Name MARTINEZ, LUIS A DR.
Address 3650 NW 82ND AVE.
503
City-State-Zip: DORAL FL 33166

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: GIAN TROCHE

MGR

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date