

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000062214

**Entity Name:** UNIVERSAL AXON CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

3650 NW 82ND AVE.  
STE 208  
DORAL, FL 33166

**Current Mailing Address:**

3650 NW 82ND AVE.  
STE 208  
DORAL, FL 33166 US

**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 ROVIA CLINICAL RESEARCH  
Address 3550 UNIVERSITY BLVD S  
101  
City-State-Zip: JACKSONVILLE FL 32216

*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

04/30/2025

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

\_\_\_\_\_  
Date