

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000122086

**Entity Name:** THEIA CLINICAL RESEARCH CENTERS, LLC

**Current Principal Place of Business:**

3230 ANCHOR BAY TRAIL  
BRADENTON, FL 34211

**Current Mailing Address:**

3230 ANCHOR BAY TRAIL  
BRADENTON, FL 34211 US

**FEI Number: 82-1756349**

**Certificate of Status Desired: No**

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

HOSSAIN, SHOWKAT  
3230 ANCHOR BAY TRAIL  
BRADENTON, FL 34211 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            MRG  
Name            HOSSAIN, SHOWKAT  
Address        3230 ANCHOR BAY TRAIL  
City-State-Zip: BRADENTON FL 34211

*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: SHOWKAT HOSSAIN**

**MGR**

**02/09/2025**

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

\_\_\_\_\_  
Date