

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000050004

Entity Name: PRUFEN CLINICAL RESEARCH LLC

Current Principal Place of Business:

1529 GARDEN ROAD
WESTON, FL 33326

Current Mailing Address:

1529 GARDEN ROAD
WESTON, FL 33326 US

FEI Number: 83-3638242

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HERNANDEZ, GUILLERMO
1529 GARDEN ROAD
WESTON, FL 33326 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 HERNANDEZ, GUILLERMO
Address 1529 GARDEN ROAD
City-State-Zip: WESTON FL 33326

Title MGR
Name FIGUEROA, CARLOS
Address 2475 BRICKELL AVE
APT 802
City-State-Zip: MIAMI FL 33129

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: GUILLERMO HERNANDEZ

MANAGER

04/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date