

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000260828

**Entity Name:** CHAPLIK CLINICAL TRIALS, LLC

**Current Principal Place of Business:**

4331 N FEDERAL HIGHWAY  
FLOOR 4  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

4331 N FEDERAL HIGHWAY  
FLOOR 4  
FT LAUDERDALE, FL 33308 US

**FEI Number:** 84-3708953

**Certificate of Status Desired:** No

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

CHAPLIK, IGOR  
2232 SE 10 CT  
POMPANO, FL 33062 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	Title	MBR
Name	CHAPLIK, IGOR	Name	CHAPLIK, IGOR
Address	2232 SE 10 CT	Address	2232 SE 10 CT
City-State-Zip:	POMPANO FL 33062	City-State-Zip:	POMPANO FL 33062

*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:** IGOR CHAPLIK

**PRESIDENT**

**04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date