

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000051786

Entity Name: FLORIDA RESEARCH & CLINICAL TRIALS, LLC**Current Principal Place of Business:**ONE WEST SAMPLE ROAD
SUITE #305
DEERFIELD BEACH, FL 33064**Current Mailing Address:**ONE WEST SAMPLE ROAD
SUITE #305
DEERFIELD BEACH, FL 33064**FEI Number:** 84-4915009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXIS FROMETA, P.A.
3191 CORAL WAY
SUITE #404A
MIAMI, FL 33145 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	UPADHIAYA, AMIT
Address	ONE WEST SAMPLE ROAD SUITE # 305
City-State-Zip:	DEERFIELD BEACH FL 33064

Title	MGR
Name	SHARMA, ASHNEAL
Address	ONE WEST SAMPLE ROAD SUITE # 305
City-State-Zip:	DEERFIELD BEACH FL 33064

Title	MGR
Name	AGARWALA, RAJESH
Address	9980 CENTRAL PARK BLVD N SUITE 312
City-State-Zip:	BOCA RATON FL 33428

Title	MGR
Name	BOSKOVIC, NADA
Address	ONE WEST SAMPLE ROAD SUITE # 305
City-State-Zip:	DEERFIELD BEACH FL 33064

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: SHARMA , ASHNEAL

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date