

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000284019

**Entity Name:** CORAL CLINIC RESEARCH LLC

**Current Principal Place of Business:**

26015 SOUTH DIXIE HWY  
HOMESTEAD, FL 33032

**Current Mailing Address:**

26015 SOUTH DIXIE HWY  
HOMESTEAD, FL 33032 US

**FEI Number:** 85-3090237

**Certificate of Status Desired:** No

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

GONZALEZ, NELSON  
20301 SW 117 AVE  
MIAMI, FL 33177 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           | MGR                |
| Name            | GONZALEZ, NELSON | Name            | RIVERON, EDUARDO A |
| Address         | 11045 SW 216 ST  | Address         | 20301 SW 117 AVE   |
| City-State-Zip: | MIAMI FL 33170   | City-State-Zip: | HOMESTEAD FL 33177 |

*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:** NELSON GONZALEZ

MD

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date