

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000362125

Entity Name: ST. JUDE CLINICAL RESEARCH, LLC

Current Principal Place of Business:

10450 NW 33RD ST
SUITE 409
DORAL, FL 33172

Current Mailing Address:

10450 NW 33RD ST
SUITE 409
DORAL, FL 33172 US

FEI Number: 87-2149593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINARES, SHEILA
10450 NW 33RD ST
SUITE 409
DORAL, FL 33172 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 LINARES, SHEILA
Address 10450 NW 33RD ST
SUITE 409
City-State-Zip: DORAL FL 33172

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: SHEILA LINARES

MGR

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date