

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000232359

**Entity Name:** ADVANCED CARE AND CLINICAL TRIALS LLC

**Current Principal Place of Business:**

7360 CORAL WAY  
STE 16  
MIAMI, FL 33155

**Current Mailing Address:**

7360 CORAL WAY  
STE 16  
MIAMI, FL 33155 US

**FEI Number:** 88-2618469

**Certificate of Status Desired:** No

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

ALEMAN MEDEROS, MARIA M  
1300 SW 122ND AVE  
APT 111CA  
MIAMI, FL 33184 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 MBR  
Name ALEMAN MEDEROS, MARIA M  
Address 1300 SW 122ND AVE APT 111CA  
City-State-Zip: MIAMI FL 33184

Title MBR  
Name OROZCO, SILVIA M  
Address 9120 SW 69TH TERRACE  
City-State-Zip: MIAMI FL 33173

*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:** ALEMAN MEDEROS , MARIA M

MBR

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date