

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000549630

**Entity Name:** WELLQUEST CLINICAL LLC

**Current Principal Place of Business:**

10621 SW 88TH STREET  
SUITE 121  
MIAMI, FL 33176

**Current Mailing Address:**

10621 SW 88TH STREE  
SUITE 121  
MIAMI, FL 33176 UN

**FEI Number:** 93-4914863

**Certificate of Status Desired:** Yes

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

SANCHEZ DIAZ, BARBARA  
10621 SW 88TH STREE  
SUITE 121  
MIAMI, FL 33176 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 SANCHEZ DIAZ, BARBARA  
Address 10621 SW 88TH STREE SUITE 121  
City-State-Zip: MIAMI FL 33176

Title MANAGER  
Name DE ARMAS, ARLETTE  
Address 10621 SW 88TH STREE  
SUITE 121  
City-State-Zip: MIAMI FL 33176

*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:** BARBARA SANCHEZ DIAZ

**MANAGER**

**03/04/2026**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date