# 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L24000006142

## Entity Name: DADE FLORIDA CLINICAL RESEARCH CENTER LLC

# Current Principal Place of Business:

3040 SW 114 AVE MIAMI, FL 33165

# **Current Mailing Address:**

3040 SW 114 AVE MIAMI, FL 33165 US

# FEI Number: 99-3932651

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

CONCEPCION GOMEZ, RAIDY R 3040 SW 114 AVE MIAMI, FL 33165 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

#### Authorized Person(s) Detail :

TitlePRESIDENTNameCONCEPCION GOMEZ, RAIDY RAddress3040 SW 114 AVECity-State-Zip:MIAMI FL 33165

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: RAIDY R. CONCEPCION GOMEZ

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

01/13/2025 Date

FILED Jan 13, 2025 Secretary of State 8401914890CC

Certificate of Status Desired: No

Date