

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001056

**Entity Name:** UNIVERSITY CLINICAL RESEARCH-DELAND, LLC

**Current Principal Place of Business:**

860 PEACHWOOD DRIVE  
DELAND, FL 32720

**Current Mailing Address:**

615 CRESCENT EXECUTIVE CT  
SUITE 120  
LAKE MARY, FL 32746 US

**FEI Number:** 20-4327284

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST., STE 4  
TALLAHASSEE, FL 32301 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 CEO  
Name ORANTES, CARLOS  
Address 615 CRESCENT EXECUTIVE CT  
SUITE 120  
City-State-Zip: LAKE MARY FL 32746

Title CFO  
Name IRVING , JEFF  
Address 615 CRESCENT EXECUTIVE CT  
SUITE 120  
City-State-Zip: LAKE MARY FL 32746

Title CORPORATE CONTROLLER  
Name MCGUIRE , TOM  
Address 615 CRESCENT EXECUTIVE CT  
SUITE 120  
City-State-Zip: LAKE MARY FL 32746

*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:** TOM MCGUIRE

**CORPORATE  
CONTROLLER**

**04/09/2025**

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

\_\_\_\_\_  
Date