

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001056

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

**Current Principal Place of Business:**

615 CRESCENT EXECUTIVE CT  
SUITE 120  
LAKE MARY, FL 32746

**Current Mailing Address:**

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

**FEI Number:** 20-4327284

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	VP OF BUSINESS OPERATIONS
Name	PARAHOVNIK, LORA	Name	BROCK, ALORA
Address	615 CRESCENT EXECUTIVE CT SUITE 120	Address	615 CRESCENT EXECUTIVE CT SUITE 120
City-State-Zip:	LAKE MARY FL 32746	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:** LORA PARAHOVNIK

CEO

04/30/2021

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

\_\_\_\_\_  
Date