# 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: CARLOS ORANTES

Electronic Signature of Signing Authorized Person(s) Detail

#### Current Principal Place of Business: 860 PEACHWOOD DR. DELAND. FL 32720

DOCUMENT# M0600001056

# **Current Mailing Address:**

860 PEACHWOOD DR. DELAND, FL 32720

## FEI Number: 20-4327284

### Name and Address of Current Registered Agent:

ORANTES, CARLOS 860 PEACHWOOD DR. DELAND, FL 32720 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: CARLOS ORANTES

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGRM
Name	ORANTES, CARLOS
Address	860 PEACHWOOD DR
City-State-Zip:	DELAND FL 32720

Entity Name: UNIVERSITY CLINICAL RESEARCH-DELAND, LLC

# Certificate of Status Desired: No

04/10/2018 Date

Date

04/10/2018

FILED Apr 10, 2018 Secretary of State CC3858016292

s) Detail

CEO