

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000000526

**Entity Name:** NOVA CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

2010 59TH STREET WEST, SUITE # 3800  
BRADENTON, FL 34209

**Current Mailing Address:**

2010 59TH STREET WEST, SUITE # 3800  
BRADENTON, FL 34209 US

**FEI Number:** 46-4490415

**Certificate of Status Desired:** No

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

HOSSAIN, SHOWKAT  
2010 59TH STREET WEST, SUITE # 3800  
BRADENTON, FL 34209 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 HOSSAIN, SHOWKAT  
Address 2010 59TH STREET WEST, SUITE #  
3800  
City-State-Zip: BRADENTON FL 34209

*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:** SHOWKAT HOSSAIN

MGR

02/09/2025

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

\_\_\_\_\_  
Date