

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M24000010100

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

**Current Principal Place of Business:**

6499 38TH AVE N STE G1  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

18000 STUDEBAKER RD, STE 800  
CERRITOS, CA 90703 US

**FEI Number:** 45-1659313

**Certificate of Status Desired:** No

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

CONSTANTINE, STACY  
6499 38TH AVE N STE G1  
ST PETERSBURG, FL 33710 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 PODNOS, YALE  
Address 18000 STUDEBAKER RD., STE 800  
City-State-Zip: CERRITOS CA 90703

*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:** YALE PODNOS

**MANAGER**

**03/25/2025**

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

\_\_\_\_\_  
Date