

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071041

Entity Name: APN CLINICAL SERVICES, LLC

Current Principal Place of Business:

8008 WEST POINT DRIVE
SPRINGFIELD, VA 22153

Current Mailing Address:

P.O. BOX 540442
ORLANDO, FL 32854 US

FEI Number: 26-1161258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 S PINE ISLAND RD
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 MANAGER
Name VAJNA, EUGENE A
Address 8008 WEST POINT DRIVE
City-State-Zip: SPRINGFIELD VA 22153

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: EUGENE A VAJNA

MANAGER

03/13/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date