

**2024 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:**

8008 WEST POINT DRIVE  
SPRINGFIELD, VA 22153 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

04/08/2024

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

\_\_\_\_\_  
Date