

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000049872

Entity Name: CLINICAL LAB SOLUTIONS, LLC

Current Principal Place of Business:

1406 SE 46TH LANE
UNIT 2
CAPE CORAL, FL 33904

Current Mailing Address:

1406 SE 46TH LANE
UNIT 2
CAPE CORAL, FL 33904

FEI Number: 27-0316986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUELLER, WOLFGANG
8855 KING HENRY COURT
FORT MYERS, FL 33908 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 MUELLER, SABINE
Address 1406 SE 46TH LANE , UNIT 2
City-State-Zip: CAPE CORAL FL 33904

Title MGR
Name MUELLER, WOLFGANG
Address 1406 SE 46TH LANE , UNIT 2
City-State-Zip: CAPE CORAL FL 33904

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: WOLFGANG MUELLER

MGR

02/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date