

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000067253

**Entity Name:** W & S CLINICAL HOLDINGS, LLC

**Current Principal Place of Business:**

911 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

911 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 46-5503618

**Certificate of Status Desired:** Yes

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

WILKS, KERRI  
911 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 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 MMGR  
Name WILKS, KERRI  
Address 911 E. HALLANDALE BEACH BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MMGR  
Name SAFIRSTEIN, BETH  
Address 911 E. HALLANDALE BEACH BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** KERRI WILKS

**CO-PRESIDENT**

**03/08/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date