

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000308391

**Entity Name:** M.T.E. CLINICAL SERVICES, LLC

**Current Principal Place of Business:**

7009 STIRLING RD.  
7206  
DAVIE, FL 33314

**FILED**  
**Apr 17, 2024**  
**Secretary of State**  
**7640504562CC**

**Current Mailing Address:**

7940 NW 14TH STREET  
PEMBROKE PINES, FL 33024 US

**FEI Number: 85-3436744**

**Certificate of Status Desired: No**

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

NOEL, ANUSHKA C  
7940 NW 14TH ST.  
PEMBROKE PINES, FL 33024 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	Title	AMBR
Name	NOEL, ANUSHKA C	Name	NOEL-FIDLER, JOANNA D
Address	7940 NW 14TH STREET	Address	2100 NW 99TH AVE
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024

*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: ANUSHKA CHARLENE NOEL**

**MGR**

**04/17/2024**

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

\_\_\_\_\_  
Date