

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500007080

**Entity Name:** ADVANCED CLINICAL LLC

**Current Principal Place of Business:**

151 SOUTHHALL LN #101  
MAITLAND, FL 32751

**Current Mailing Address:**

111 W JACKSON BLVD SUITE 1400  
CHICAGO, IL 60604 US

**FEI Number:** 30-0215509

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** MICHELLE TORRES

05/04/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title D  
Name ROSSI, BARB  
Address 151 SOUTHHALL LN #101  
City-State-Zip: MAITLAND FL 32751

Title OP  
Name TAYLOR, KELLY  
Address 151 SOUTHHALL LN #101  
City-State-Zip: MAITLAND FL 32751

Title OPSC  
Name TORRES, MICHELLE  
Address 151 SOUTHHALL LN #101  
City-State-Zip: MAITLAND FL 32751

Title S  
Name DAROWICZ, ANNA  
Address 151 SOUTHHALL LN #101  
City-State-Zip: MAITLAND FL 32751

*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:** ANNA DAROWICZ

**TAX MANAGER**

05/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date