

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000081618

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN CLINICAL SOLUTIONS LLC

**Current Principal Place of Business:**

3265 ST. JAMES DR.  
BOCA RATON, FL 33434

**New Principal Place of Business:**

8000 NORTH FEDERAL HWY  
SUITE116  
BOCA RATON, FL 33487

**Current Mailing Address:**

3265 ST. JAMES DR.  
BOCA RATON, FL 33434 US

**New Mailing Address:**

8000 NORTH FEDERAL HWY  
SUITE116  
BOCA RATON, FL 33487

**FEI Number:** 26-3340890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, ROGER  
3265 ST. JAMES DR.  
BOCA RATON, FL 33434 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BROWN, ROGER  
Address: 3265 ST. JAMES DR  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGR  
Name: ARTZE, BRIAN  
Address: 3265 ST. JAMES DR.  
City-St-Zip: BOCA RATON, FL 33434 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROGER BROWN

MGRM

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date