

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081618

**Entity Name:** AMERICAN CLINICAL SOLUTIONS LLC

**Current Principal Place of Business:**

2424 N FEDERAL HWY, SUITE 455  
BOCA RATON, FL 33431

**Current Mailing Address:**

2424 N FEDERAL HWY, SUITE 455  
BOCA RATON, FL 33431 US

**FEI Number:** 26-3340890

**Certificate of Status Desired:** No

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

KAREN B SCHAPIRA, PLLC  
11523 PALMBRUSH TRAIL  
SUITE#316  
LAKEWOOD RANCH, FL 34202 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:** KAREN B SCHAPIRA

04/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	BROWN, ROGER	Name	ARTZE, BRIAN
Address	2424 N FEDERAL HWY, SUITE 455	Address	2424 N FEDERAL HWY, SUITE 455
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

*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:** ROGER BROWN

CEO

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date