

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081618

**Entity Name:** AMERICAN CLINICAL SOLUTIONS LLC

**Current Principal Place of Business:**

8000 NORTH FEDERAL HWY  
SUITE300  
BOCA RATON, FL 33487

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC3767710677**

**Current Mailing Address:**

8000 NORTH FEDERAL HWY  
SUITE300  
BOCA RATON, FL 33487

**FEI Number: 26-3340890**

**Certificate of Status Desired: No**

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

BROWN, ROGER  
8000 N FEDERAL HWY  
BOCA RATON, FL 33487 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	MGR
Name	BROWN, ROGER	Name	ARTZE, BRIAN
Address	8000 N FEDERAL HWY STE 300	Address	8000 N FEDERAL HWY STE 300
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

*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 MGR**

**MGR**

**04/21/2014**

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

\_\_\_\_\_  
Date