

2018 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:

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

MANAGER

04/24/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date