

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000055884

Entity Name: ADVANCED CLINICAL SOLUTIONS, LLC

Current Principal Place of Business:

7148 ATASCADERO LANE
TALLAHASSEE, FL 32317

Current Mailing Address:

PO BOX 14207
TALLAHASSEE, FL 32317

FEI Number: 46-3076944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERZ, C. CHRISTOPHER
7148 ATASCADERO LANE
TALLAHASSEE, FL 32317 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
Name GERZ, C. CHRISTOPHER
Address 7148 ATASCADERO LANE
City-State-Zip: TALLAHASSEE FL 32317

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: C. CHRISTOPHER GERZ

MANAGER/OWNER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date