

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000171548

Entity Name: SOLARIS CLINICAL CONSULTING, LLC**Current Principal Place of Business:**9520 BONITA BEACH RD SE
BONITA SPRINGS, FL 34135**Current Mailing Address:**PO BOX 110881
NAPLES, FL 34108 US**FEI Number:** 47-5286367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH STREET N., STE. 300
ST PETERSBURG, FL 33702 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:** BILL HAVRE

03/05/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR, PRESIDENT
Name	PETSOPOULOS, PAM
Address	9520 BONITA BEACH RD SE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	MANAGER, VP
Name	RUSSELL, KATHY
Address	9520 BONITA BEACH RD SE
City-State-Zip:	BONITA SPRINGS FL 34135

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: PAM PETSOPOULOS

MGR, PRESIDENT

03/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date