

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000226397

**Entity Name:** GOOLSBY'S CLINICAL SERVICES, LLC

**Current Principal Place of Business:**

2720 PARK STREET SUITE 202  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

9233 REDTAIL DRIVE  
JACKSONVILLE, FL 32222 US

**FEI Number:** 81-5224967

**Certificate of Status Desired:** Yes

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

GOOLSBY, TIFFANY K  
9233 REDTAIL DRIVE  
JACKSONVILLE, FL 32222 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:** TIFFANY KELLER GOOLSBY

03/28/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GOOLSBY, KEVIN G  
Address 9233 REDTAIL DRIVE  
City-State-Zip: JACKSONVILLE FL 32222

Title AMBR  
Name GOOLSBY, TIFFANY K  
Address 9233 REDTAIL DRIVE  
City-State-Zip: JACKSONVILLE FL 32222

*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:** KEVIN GOOLSBY

OWNER

03/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date