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

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L16000226397

Entity Name: GOOLSBY'S CLINICAL SERVICES, LLC

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Current Principal Place of Business:

4222 SAINT JOHNS AVE JACKSONVILLE, FL 32210

### **Current Mailing Address:**

9233 REDTAIL DRIVE JACKSONVILLE, FL 32222 US

# FEI Number: 81-5224967

# 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			04/30/2025
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	GOOLSBY, KEVIN G	Name	GOOLSBY, TIFFANY K	
Address	9233 REDTAIL DRIVE	Address	9233 REDTAIL DRIVE	
City-State-Zip:	JACKSONVILLE FL 32222	City-State-Zip:	JACKSONVILLE FL 32222	

vertify 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 unde

FILED Apr 30, 2025 Secretary of State 6234658956CC

Certificate of Status Desired: Yes

OWNER

Date