

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000023060

**Entity Name:** CLINICAL PHYSIOLOGY ASSOCIATES, LLC**Current Principal Place of Business:**13670 METROPOLIS AVENUE #105  
FORT MYERS, FL 33912**Current Mailing Address:**13670 METROPOLIS AVENUE #105  
FORT MYERS, FL 33912 US**FEI Number:** 59-2000392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	ASCHOM, LINDA F
Address	4502 POND APPLE DRIVE NORTH
City-State-Zip:	NAPLES FL 34119

Title	AMBR
Name	ASCHOM, LINDA F
Address	4502 POND APPLE DRIVE NORTH
City-State-Zip:	NAPLES FL 34119

Title	MGR
Name	ASCHOM, KENNETH A
Address	4502 POND APPLE DRIVE NORTH
City-State-Zip:	NAPLES FL 34119

Title	AMBR
Name	ASCHOM, KENNETH A
Address	4502 POND APPLE DRIVE NORTH
City-State-Zip:	NAPLES FL 34119

*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:** KENNETH A ASCHOM**MANAGER****03/15/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date