

**2025 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:**

801 N. WEISGARBER ROAD  
SUITE 100  
KNOXVILLE, TN 37909 US

**FEI Number:** 59-2000392

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 E. PARK AVE., 2ND FL  
TALLAHASSEE, FL 32301 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:** TAYLOR SEAY, AS ASST. SECRETARY

04/29/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name SMITH, BILL  
Address 801 N. WEISGARBER ROAD  
SUITE 100  
City-State-Zip: KNOXVILLE TN 37909

Title MANAGER  
Name STONE, SCOTT  
Address 801 N. WEISGARBER ROAD  
SUITE 100  
City-State-Zip: KNOXVILLE TN 37909

Title MANAGER  
Name HENNESSEY, IAN  
Address 801 N. WEISGARBER ROAD  
SUITE 100  
City-State-Zip: KNOXVILLE TN 37909

*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:** BILL SMITH

CEO

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date