

2019 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

GENERAL MANAGER

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date