

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

12/20/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER
Name	ALLIANCE FOR MULTISPECIALTY RESEARCH, LLC
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	SMITH, WILLIAM M.D.
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: IAN HENNESSEY

MGR

12/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date