

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000051194

**Entity Name:** MWC CLINICAL SOLUTIONS LLC

**Current Principal Place of Business:**

10841 CARLOWAY HILLS DR  
WIMAUMA, FL 33598

**Current Mailing Address:**

10841 CARLOWAY HILLS DR  
WIMAUMA, FL 33598 US

**FEI Number: 82-4552740**

**Certificate of Status Desired: No**

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

CUELLAR, MARTIN W  
10841 CARLOWAY HILLS DR  
WIMAUMA, FL 33598 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 MMGR  
Name CUELLAR, MARTIN W  
Address 10841 CARLOWAY HILLS DR  
City-State-Zip: WIMAUMA FL 33598

*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: MARTIN CUELLAR**

**MMGR**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date