

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000053233

Entity Name: VILLARREAL CLINICAL SERVICES, PLLC

Current Principal Place of Business:

19114 MAGNOLIA FARMS LANE
ODESSA, FL 33556

Current Mailing Address:

19114 MAGNOLIA FARMS LANE
ODESSA, FL 33556 US

FEI Number: 88-0650547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLARREAL, ONIER
19114 MAGNOLIA FARMS LANE
ODESSA, FL 33556 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 VILLARREAL, ONIER
Address 19114 MAGNOLIA FARMS LANE
City-State-Zip: ODESSA FL 33556

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: ONIER VILLARREAL

MGR

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date