

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000436242

Entity Name: QUALPATH CLINICAL, LLC**Current Principal Place of Business:**1580 SW 17TH STREET
BOCA RATON, FL 33486**Current Mailing Address:**1580 SW 17TH STREET
BOCA RATON, FL 33486 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702 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 AMBR
Name DUNNE, LIAM
Address 25 NORMAN ROAD
City-State-Zip: MONTCLAIR NJ 07043Title AMBR
Name CEGLANSKI, CALVIN
Address 1580 SW 17TH STREET
City-State-Zip: BOCA RATON FL 33486Title AMBR
Name DIAZ, RICARDO
Address 2922 NW 130TH AVENUE, APT. 102
City-State-Zip: SUNRISE FL 33323

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: LIAM DUNNE**MEMBER****07/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date