

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000012950

**Entity Name:** ALLIANCE CLINICAL, LLC

**Current Principal Place of Business:**

601 STATE STREET, SUITE 280  
SOUTHLAKE, TX 76092

**Current Mailing Address:**

601 STATE STREET, SUITE 280  
SOUTHLAKE, TX 76092 US

**FEI Number:** 92-3109888

**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 AP  
Name ABEYEWARDENE, ANTHONY  
Address 601 STATE STREET, SUITE 280  
City-State-Zip: SOUTHLAKE TX 76092

Title AP  
Name CUNIO, JASON  
Address 601 STATE STREET, SUITE 280  
City-State-Zip: SOUTHLAKE TX 76092

Title AP  
Name SHOCK, JANICE  
Address 601 STATE STREET, SUITE 280  
City-State-Zip: SOUTHLAKE TX 76092

*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:** JASON CUNIO

CFO

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date