

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000063213

**Entity Name:** THE PELVIC CLINIC, LLC

**Current Principal Place of Business:**

603 N. FLAMINGO ROAD  
SUITE 251  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

250 SOUTH ISLAND  
GOLDEN BEACH, FL 33160

**FEI Number:** 20-3297389

**Certificate of Status Desired:** No

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

SAMOWITZ FAMILY LIMITED PARTNERSHIP  
250 SOUTH ISLAND  
GOLDEN BEACH, FL 33160 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 SAMOWITZ FAMILY LIMITED  
PARTENRSHIP  
Address 250 SOUTH ISLAND  
City-State-Zip: GOLDEN BEACH FL 33160

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARVEY SAMOWITZ

**MANAGER**

**03/10/2013**

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

\_\_\_\_\_  
Date