

**2016 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:**

P.O. BOX 3971  
HALLANDALE, FL 33008-3971 US

**FEI Number:** 20-3297389

**Certificate of Status Desired:** No

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

SAMOWITZ, HARVEY  
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:** HARVEY SAMOWITZ

03/11/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SAMOWITZ, HARVEY  
Address        P.O. BOX 3971  
City-State-Zip: HALLANDALE FL 33008-3971

*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:** HARVEY SAMOWITZ

MANAGER

03/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date