

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049455

Entity Name: CLINIQUE LA PRAIRIE, LLC

Current Principal Place of Business:

1040 BISCAYNE BLVD
STE 900
MIAMI, FL 33132

Current Mailing Address:

1040 BISCAYNE BLVD
STE 900
MIAMI, FL 33132 US

FEI Number: 33-1089769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VENGER, KEVIN
1040 BISCAYNE BOULEVARD
STE 900
MIAMI, FL 33132 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 VENGER, KEVIN
Address 1040 BISCAYNE BOULEVARD
City-State-Zip: MIAMI FL 33132

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: KEVIN VENGER

MGR

03/31/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date