

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000104330

Entity Name: ICLINIC, LLC

Current Principal Place of Business:

1241 1ST AVENUE NORTH
ST. PETERSBURG, FL 33705

Current Mailing Address:

1241 1ST AVENUE NORTH
ST. PETERSBURG, FL 33705 US

FEI Number: 45-3302827

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LABAS, MARK P
1241 1ST AVENUE NORTH
ST. PETERSBURG, FL 33705 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: MARK P. LABAS

01/05/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LABAS, MARK P.
Address 343 8TH AVENUE NORTH
City-State-Zip: TIERRA VERDE FL 33715

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: MARK P. LABAS

MGRM

01/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date