

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000012411

**Entity Name:** HIMES WALK IN CLINIC L.L.C

**Current Principal Place of Business:**

7819 N DALE MABRY HWY, SUITE 114  
TAMPA, FL 33614

**Current Mailing Address:**

7819 N DALE MABRY HWY, SUITE 114  
TAMPA, FL 33614 US

**FEI Number:** 46-2599551

**Certificate of Status Desired:** No

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

THE HEALTHPLACE INC  
11206 BLOOMINGTON DR  
TAMPA, FL 33635 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:** DAVID P KALIN

11/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            KALIN, DAVID P MD  
Address        7819 N DALE MABRY HWY, SUITE 114  
  
City-State-Zip: TAMPA FL 33614

*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:** DAVID KALIN

11/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date