

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000111080

**Entity Name:** HOFFMAN CLINIC FOR OPTIMAL HEALTH, LLC

**Current Principal Place of Business:**

11802 N 56TH STREET  
TAMPA, FL 33617

**Current Mailing Address:**

11802 N 56TH STREET  
TAMPA, FL 33617 US

**FEI Number:** 47-1328373

**Certificate of Status Desired:** No

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

HOFFMAN, DEBRA L  
11802 N 56TH STREET  
TAMPA, FL 33617 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 MGMR  
Name HOFFMAN, DEBRA L  
Address 11802 N 56TH STREET  
City-State-Zip: TAMPA FL 33617

*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:** DR DEBRA L HOFFMAN

MGR

03/19/2018

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

\_\_\_\_\_  
Date