

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000140254

Entity Name: LESS INSTITUTE CLINICAL, PLLC

Current Principal Place of Business:

3816 HOLLYWOOD BLVD
SUITE 102
HOLLYWOOD, FL 33021

Current Mailing Address:

3816 HOLLYWOOD BLVD
SUITE 102
HOLLYWOOD, FL 33021 US

FEI Number: 47-1859120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE ACCESS INC.
236 E 6TH AVE
TALLAHASSEE, FL 32303-6208 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 KIC MANAGEMENT GROUP, INC.
Address 350 MAIN ST
City-State-Zip: MALDEN MA 02148

Title AR
Name DUDLEY, VANESSA
Address 1100 W. OAKLAND PARK BLVD. #3
City-State-Zip: FORT LAUDERDALE FL 33311

Title AMBR
Name LESS INSTITUTE OF FLORIDA, LLC
Address 350 MAIN ST
City-State-Zip: MALDEN MA 02148

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: ADITYA HUMAD

CFO

04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date