

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000140254

Entity Name: LESS INSTITUTE CLINICAL, PLLC

Current Principal Place of Business:

1100 W. OAKLAND PARK BLVD
#3
FORT LAUDERDALE, FL 33311

Current Mailing Address:

350 MAIN STREET
MALDEN, MA 02148 US

FEI Number: 47-1859120

Name and Address of Current Registered Agent:

CORPORATE ACCESS INC.
236 E 6TH AVE
TALLAHASSEE, FL 32303-6208 US

Certificate of Status Desired: No

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 500 CUMMINGS CENTER STE 3500
City-State-Zip: BEVERLY MA 01915

Title AMBR
Name CHIN, KINGSLEY R M.D.
Address 1100 W. OAKLAND PARK BLVD. #3
City-State-Zip: FORT LAUDERDALE FL 33311

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

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

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date