

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000140254

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC7782656968**

**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

**Certificate of Status Desired:** Yes

**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 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 100 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 OF MANAGER**

**04/01/2016**

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

\_\_\_\_\_  
Date