

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000109096

Entity Name: THE ROCK CLINIC LLC

Current Principal Place of Business:

111 2ND AVE NE STE 208
ST PETERSBURG, FL 33701

Current Mailing Address:

111 2ND AVE NE STE 208
ST PETERSBURG, FL 33701 US

FEI Number: 81-2628938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACKLEY, JASON J DR
111 2ND AVE NE STE 208
ST PETERSBURG, FL 33701 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 ACKLEY, JASON J DR
Address 111 2ND AVE NE STE 208
City-State-Zip: ST PETERSBURG FL 33701

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: JASON ACKLEY

OWNER

04/28/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date