

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000171351

**Entity Name:** FH CLINIC, LLC

**Current Principal Place of Business:**

1314 EAST LAS OLAS BLVD  
UNIT 1086  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1314 EAST LAS OLAS BLVD  
UNIT 1086  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 30-0952307

**Certificate of Status Desired:** No

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

ACCOUNTINGALLY, LLC  
312 SE 17TH STREET  
SUITE 301  
FORT LAUDERDALE, FL 33316 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 FIGUEIREDO FILHO, ANISIO  
Address RUA ANA PEREIRA DE MELO 162  
BAIRRO CAMPESI  
City-State-Zip: CIDADE OSASCO SP 06023--080

Title MGR  
Name RIBEIRO FIGUEIREDO, ALEXANDRA  
Address RUA ANA PEREIRA DE MELO 162  
BAIRRO CAMPESI  
City-State-Zip: CIDADE OSASCO SP 06023--080

*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:** ALEXANDRA RIBEIRO FIGUEIREDO

**MGR**

**04/30/2018**

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

\_\_\_\_\_  
Date