

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000480937

Entity Name: MARTIN CLINIC LLC

Current Principal Place of Business:

12511 SW MYRTLE OAK DRIVE
PORT ST. LUCIE, FL 34987

Current Mailing Address:

12511 SW MYRTLE OAK DRIVE
PORT ST. LUCIE, FL 34987 US

FEI Number: 93-4091592

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
801 US HWY 1
NORTH PALM BEACH, FL 33408 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 MARTIN, ANTHONY
Address 12511 SW MYRTLE OAK DRIVE
City-State-Zip: PORT ST. LUCIE FL 34987

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: ANTHONY MARTIN

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date