

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004160

**Entity Name:** EPOC CLINIC, LLC

**Current Principal Place of Business:**

609 VIRGINIA DRIVE  
ORLANDO, FL 32803

**Current Mailing Address:**

609 VIRGINIA DRIVE  
ORLANDO, FL 32803

**FEI Number:** 59-1458054

**Certificate of Status Desired:** No

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

WEATHERFORD, WILLIAM PJR  
1150 LOUISIANA AVENUE, STE 4  
WINTER PARK, FL 32789 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 MGRM  
Name PENDERGRAFT, JAMES SIV  
Address 609 VIRGINIA DRIVE  
City-State-Zip: ORLANDO FL 32803

*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:** JAMES S PENDERGRAFT IV

MGRM

04/23/2015

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

\_\_\_\_\_ Date