

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-01-2008 90038 008 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000110437			
1. Entity Name THE HEALTH CLINIC, LLC			
Principal Place of Business 1351 SOUTH BOULEVARD CHIPLEY, FL 32428		Mailing Address 1000 OHIO AVENUE LYNN HAVEN, FL 32444	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-1387944		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAN, SOHAIL M 118 COTTONWOOD CIRCLE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHAN, SOHAIL M 1000 OHIO AVENUE LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALIK, AMER R 1000 OHIO AVENUE LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZABIH, ISMAIL M 1000 OHIO AVENUE LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____	

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