2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L07000110437

Entity Name: THE HEALTH CLINIC, LLC

Current Principal Place of Business:

1351 SOUTH BOULEVARD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1000 OHIO AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

1351 SOUTH BOULEVARD
P.O. BOX 947
CHIPLEY, FL 32428 US

FEI Number: 26-1387944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAN, SOHAIL M
118 COTTONWOOD CIRCLE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KHAN, SOHAIL M
Address: 1000 OHIO AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete
Name: MALIK, AMER R
Address: 1000 OHIO AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete
Name: ZABIH, ISMAIL M
Address: 1000 OHIO AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SOHAIL M. KHAN MGRM 04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date