

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000110437

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**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:**

1351 SOUTH BOULEVARD  
CHIPLEY, FL 32428

**New Mailing Address:**

**FEI Number:** 26-1387944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
**Name:** KHAN, SOHAIL M  
**Address:** 1000 OHIO AVENUE  
**City-St-Zip:** LYNN HAVEN, FL 32444

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

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

I hereby 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 MD.

MNGR

03/13/2012

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