

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097827

**FILED**  
**Sep 15, 2010**  
**Secretary of State**

**Entity Name:** INVESCLINIC, LLC.

**Current Principal Place of Business:**

1655 E OAKLAND PARK BOULEVARD  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

1655 E OAKLAND PARK BOULEVARD  
OAKLAND PARK, FL 33334

**New Mailing Address:**

**FEI Number:** 32-0292167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARIAS INCOME TAX & ACCOUNTING SERVICES  
4693 NW 199 STREET  
MIAMI GARDENS, FL 33055 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:** MGR  
**Name:** CASANOVA, RENE  
**Address:** 1655 E OAKLAND PARK BOULEVARD  
**City-St-Zip:** OAKLAND PARK, FL 33334

**Title:** MGR  
**Name:** ZAMBRANO, RICARDO  
**Address:** 1655 E OAKLAND PARK BOULEVARD  
**City-St-Zip:** OAKLAND PARK, FL 33334

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:** RICARDO ZAMBRANO

MGR

09/15/2010

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