

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000137137

Entity Name: INFINITRIM CLINICS LLC

FILED  
Jun 20, 2012  
Secretary of State

**Current Principal Place of Business:**

6817 SOUTHPOINT PKWY #603  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

7860 GATE PARKWAY  
SUITE 110  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

6817 SOUTHPOINT PKWY #603  
JACKSONVILLE, FL 32216

**New Mailing Address:**

7860 GATE PARKWAY  
SUITE110  
JACKSONVILLE, FL 32256

FEI Number: 45-4000002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEE G. KELLISON, P.A.  
6817 SOUTHPOINT PKWY #603  
JACKSONVILLE, FL 32216 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: PREYER, SHAYLA  
Address: 7860 GATE PARKWAY SUITE 110  
City-St-Zip: JACKSONVILLE, FL 32256

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: SHAYLA PREYER

MGR

06/20/2012

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