

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004091

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** THE HEALTHCARING CLINIC OF FLORIDA, LLC

**Current Principal Place of Business:**

8 CADILLAC DRIVE  
SUITE 250  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

8 CADILLAC DRIVE  
SUITE 250  
BRENTWOOD, TN 37027

**New Mailing Address:**

FEI Number: 41-2240165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

04/24/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THE LITTLE CLINIC, LLC  
Address: 8 CADILLAC DRIVE, SUITE 250  
City-St-Zip: BRENTWOOD, TN 37027

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: LISA LOSCALZO

PRES

04/24/2012

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