2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2017
Secretary of State
CC1991509177

DOCUMENT# L09000071917

Entity Name: CLINIC LIBESSART, LLC

Current Principal Place of Business:

3850 BIRD ROAD
SUITE 501
MIAMI, FL 33146

Current Mailing Address:

3850 BIRD ROAD
SUITE 501
MIAMI, FL 33146 US

FEI Number: 46-0523600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JADE ASSOCIATES MIAMI, INC
100 BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132 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: OLIVIER SUREAU 04/17/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	LIBESSART, DIDIER	Name	LIBESSART, SOPHIE
Address	3850 BIRD ROAD	Address	3850 BIRD ROAD
City-State-Zip:	MIAMI FL 33146	City-State-Zip:	MIAMI FL 33146

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SOPHIE LIBESSART MGR 04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date