

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000090512

Entity Name: AAA FLORIDA CLINIC, LLC

Current Principal Place of Business:

1441 FOREST HILL BLVD #200
WEST PALM BEACH, FL 33406

Current Mailing Address:

1441 FOREST HILL BLVD #200
WEST PALM BEACH, FL 33406 US

FEI Number: 27-0951477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELUCA, ROBERT F
1441 FOREST HILL BLVD #200
WEST PALM BEACH, FL 33406 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: ROBERT F DELUCA

12/24/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name DELUCA, ROBERT F DR.
Address 1441 FOREST HILL BLVD #200
City-State-Zip: WEST PALM BEACH FL 33406

Title MGRM
Name DELUCA, ROBERT F MGRM
Address 1441 FOREST HILL BLVD
City-State-Zip: WEST PALM BEACH FL 33406

Title AUTHORIZED REPRESENTATIVE
Name DELUCA, ROBERT F DR.
Address 1441 FOREST HILL BLVD #200
City-State-Zip: WEST PALM BEACH FL 33406

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: ROBERT F DELUCA

MGRM

12/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date