

2013 FLORIDA LIMITED LIABILITY COMPANY 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:

RODRIGUEZ, MAIKEL
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name RODRIGUEZ, MAIKEL
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAIKEL RODRIGUEZ

MGRM

04/10/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date