

**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

12/22/2014

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

Title MGRM  
Name RODRIGUEZ, GLENYS  
Address 313 LAKE CIR #312  
City-State-Zip: NORTH PALM BEACH FL 33408

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

REGISTERED AGENT

12/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date