

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097827

**Entity Name:** INVESCLINIC, LLC.

**Current Principal Place of Business:**

4401 N ANDREWS AVE  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

4401 N ANDREWS AVE  
OAKLAND PARK, FL 33309 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

CASANOVA, RENE  
4401 N ANDREWS AVE  
OAKLAND PARK, FL 33309 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:** RENE CASANOVA

01/08/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASANOVA, RENE  
Address 4401 N ANDREWS AVE  
City-State-Zip: OAKLAND PARK FL 33309

Title MGR  
Name ZAMBRANO, RICARDO  
Address 4401 N ANDREWS AVE  
City-State-Zip: OAKLAND PARK FL 33309

*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:** RICARDO ZAMBRANO

MGR

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date