

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000009899

Entity Name: THE CLINIC, LLC

Current Principal Place of Business:

319 SEPTEMBER ST.
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

319 SEPTEMBER ST.
PALM BEACH GARDENS, FL 33410 US

FEI Number: 27-2083967

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAQUE, JAVEDUL
319 SEPTEMBER ST.
PALM BEACH GARDENS, FL 33410 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 MGR
Name HAQUE, JAVEDUL
Address 319 SEPTEMBER ST.
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR
Name MALIK, FARZANA
Address 319 SEPTEMBER ST
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR
Name FAKHAR, PARVEEN
Address 319 SEPTEMBER ST.
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR
Name MALIK, FAKHAR
Address 319 SEPTEMBER ST.
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR
Name MALIK, DANISH FAKHAR
Address 319 SEPTEMBER ST.
City-State-Zip: PALM BEACH GARDENS FL 33410

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: HAQUE JAVEDUL

MGR

01/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date