

**2023 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:**

HASSAN, SAMI  
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:** SAMI HASSAN

01/31/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title            VP  
Name            FAKHAR, PARVEEN  
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:** MOHAMMAD JAVEDUL HAQUE

PRESIDENT

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date