

**2014 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	Title	MGR
Name	HAQUE, JAVEDUL	Name	MALIK, FARZANA
Address	319 SEPTEMBER ST.	Address	319 SEPTEMBER ST
City-State-Zip:	PALM BEACH GARDENS FL 33410	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:** JAVEDUL HAQUE

**MGR**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date