

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000000795

Entity Name: THE CASSANOVA CLINIC, LLC

Current Principal Place of Business:

7932 W SAND LAKE RD
306
ORLANDO, FL 32819

Current Mailing Address:

7932 W SAND LAKE RD
306
ORLANDO, FL 32819 US

FEI Number: 27-4534102

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURRAY, ROGER YMD
7932 W SAND LAKE RD
306
ORLANDO, FL 32819 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 MGRM
Name MURRAY, ROGER Y
Address 7932 W SAND LAKE RD
City-State-Zip: ORLANDO FL 32819

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: ROGER Y. MURRAY

MANAGER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date