

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110403

**Entity Name:** THE DIMINISHED VALUE CLINIC, LLC

**Current Principal Place of Business:**

2100 CORAL WAY  
SUITE 400  
MIAMI, FL 33145

**Current Mailing Address:**

2100 CORAL WAY  
SUITE 400  
MIAMI, FL 33145 US

**FEI Number:** 45-3598297

**Certificate of Status Desired:** No

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

EDUARDO E. NERET, P.A.  
2100 CORAL WAY  
SUITE 400  
MIAMI, FL 33145 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	MGRM
Name	EDUARDO E. NERET, P.A.	Name	JAVIER A. FINLAY, P.A.
Address	2100 CORAL WAY SUITE 400	Address	2100 CORAL WAY SUITE 400
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDUARDO E. NERET

**MANAGER**

**04/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date