2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2020
Secretary of State
2056402708CC

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Entity Name: FIT MED CLINIC, LLC

Current Principal Place of Business:

1400 87TH AVENUE NORTH
ST. PETERSBURG, FL 33702

Current Mailing Address:

1400 87TH AVENUE NORTH
ST. PETERSBURG, FL 33702 US

FEI Number: 47-1573016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALE, MO
1400 87TH AVENUE NORTH
ST. PETERSBURG, FL 33702 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	AMBR	Title	AMBR
Name	CALE, MO	Name	CALE, ALLISON LYNNE
Address	1400 87TH AVENUE NORTH	Address	1400 87TH AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702

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: MO CALE CFO 01/10/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date