

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000125449

Entity Name: FIT MED CLINIC, LLC

Current Principal Place of Business:

100 4TH AVE. SOUTH
136
ST. PETERSBURG, FL 33701

Current Mailing Address:

100 4TH AVE. SOUTH
136
ST. PETERSBURG, FL 33701 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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
Name CALE, MO
Address 100 4TH AVE. SOUTH #136
City-State-Zip: ST. PETERSBURG FL 33701

Title AMBR
Name ERLENBUSCH, ALLISON L
Address 100 4TH AVE. SOUTH #136
City-State-Zip: ST. PETERSBURG FL 33701

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

AMBR

01/13/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date