

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000125449

Entity Name: FIT MED CLINIC, LLC

Current Principal Place of Business:

2488 LANCASTER DR
CLEARWATER, FL 33764

Current Mailing Address:

2488 LANCASTER DR
CLEARWATER, FL 33764 US

FEI Number: 47-1573016

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CALE, MO
2488 LANCASTER DR
CLEARWATER, FL 33764 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 2488 LANCASTER DR
City-State-Zip: CLEARWATER FL 33764

Title AMBR
Name CALE, ALLISON LYNNE
Address 2488 LANCASTER DR
City-State-Zip: CLEARWATER FL 33764

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

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date