

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190458

**Entity Name:** THE MOVEMENT CLINIC, LLC.

**Current Principal Place of Business:**

850 FORT PICKENS RD UNIT 750  
PENSACOLA BEACH, FL 32561

**Current Mailing Address:**

850 FORT PICKENS RD UNIT 750  
PENSACOLA BEACH, FL 32561

**FEI Number:** 47-2598622

**Certificate of Status Desired:** Yes

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

VIRANT, LYNNE G  
850 FORT PICKENS RD UNIT 750  
PENSACOLA BEACH, FL 32561 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            VIRANT, LYNNE G  
Address         850 FORT PICKENS RD UNIT 750  
City-State-Zip: PENSACOLA BEACH FL 32561

*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:** LYNNE G. VIRANT

**OWNER**

**01/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date