

2016 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

03/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date