

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000038079

**Entity Name:** JLO CLINIC, LLC

**Current Principal Place of Business:**

175 FONTAINEBLEAU BLVD  
1-G5  
MIAMI, FL 33172

**Current Mailing Address:**

175 FONTAINEBLEAU BLVD  
1-G5  
MIAMI, FL 33172 US

**FEI Number:** 47-3289609

**Certificate of Status Desired:** No

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

LOPEZ, JENNY  
175 FONTAINEBLEAU BLVD  
1-G5  
MIAMI, FL 33172 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 MGR  
Name LOPEZ, JENNY  
Address 175 FONTAINEBLEAU BLVD. SUITE 1-G5  
City-State-Zip: MIAMI FL 33172

*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:** JENNY LOPEZ

**MANAGER**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date