2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2018
Secretary of State
CC2122388998

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Entity Name: POINCIANA INJURY CLINIC, LLC

Current Principal Place of Business:

3358 W SOUTHPORT RD
KISSIMMEE, FL 34746

Current Mailing Address:

280 S STATE RD 434
SUITE 1049A
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHAN, JUNAID
280 S STATE RD 434
SUITE#1049A
ALTAMONTE SPRINGS, FL 32714 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	MGRM	Title	AMBR
Name	KHAN, JUNAID	Name	KAHN, ZARA
Address	280 S STATE RD 434 SUITE#1049A	Address	280 S STATE RD 434 SUITE 1049A
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: JUNAID KHAN MGRM 04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date