

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000091277

Entity Name: NIA CLINIC LLC

Current Principal Place of Business:

5250 17TH STREET
#106
SARASOTA, FL 34235

Current Mailing Address:

5250 17TH STREET
#106
SARASOTA, FL 34235 US

FEI Number: 82-1340546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIAVI, ALEXA J
7905 WATERTON LANE
BRADENTON, FL 34202 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	Title	MGR
Name	VISCUSI, JULIE G	Name	SCHIAVI, ALEXA J
Address	15137 MILLE FIORE BLVD.	Address	7905 WATERTON LANE
City-State-Zip:	PORT CHARLOTTE FL 33953	City-State-Zip:	BRADENTON FL 34202

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: SCHIAVI , ALEXA , J

MGR

03/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date