Certificate of Status Desired: No
registered agent, or both, in the State of Florida.
registered agent, or both, in the State of Florida. 04/04/2024
04/04/2024
04/04/2024
04/04/2024 Date
04/04/2024 Date

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: RUIZ, YUNAISY

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/04/2024 Date

FILED Apr 04, 2024 Secretary of State 8243604111CC

Current Mailing Address:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000128031

Entity Name: REM CLINIC LLC

Current Principal Place of Business:

10281 S.W 72 ST UNIT 104, 1ST FLOOR MIAMI, FL 33173