

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000152241

**Entity Name:** CITY CLINICS LLC

**Current Principal Place of Business:**

11641 KEW GARDENS AVENUE  
SUITE 205  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

PO BOX 2403  
PALM BEACH, FL 33480

**FEI Number:** 88-1866469

**Certificate of Status Desired:** No

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

PATEL, ANAND  
11641 KEW GARDENS AVENUE  
SUITE 205  
PALM BEACH GARDENS, FL 33410 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	MM	Title	MEMBER
Name	PATEL, ANAND	Name	PATEL, MINAKSHIBEN
Address	PO BOX 2403	Address	PO BOX 2403
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480

*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:** MINAKSHIBEN PATEL

**MEMBER**

**01/10/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date