

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004091

FILED
Apr 24, 2014
Secretary of State
CC6175846480

Entity Name: THE HEALTHCARING CLINIC OF FLORIDA, LLC

Current Principal Place of Business:

725 CADILLAC BLVD.
SUITE 600
FRANKLIN, TN 37067

Current Mailing Address:

725 CADILLAC BLVD.
SUITE 600
FRANKLIN, TN 37067 US

FEI Number: 41-2240165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MEMBER	Title	PRESIDENT
Name	THE LITTLE CLINIC, LLC	Name	LOSCALZO, LISA
Address	725 CADILLAC BLVD. SUITE 600	Address	725 CADILLAC BLVD. SUITE 600
City-State-Zip:	FRANKLIN TN 37067	City-State-Zip:	FRANKLIN TN 37067

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: LISA LOSCALZO

AUTHORIZED SIGNER

04/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date