

2014 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M06000004091

Entity Name: THE HEALTHCARING CLINIC OF FLORIDA, LLC

Current Principal Place of Business:

C/O SOLERA CAPITAL
625 MADISON AVENUE THIRD FLOOR
NEW YORK, NY 10022

Current Mailing Address:

C/O SOLERA CAPITAL
625 MADISON AVENUE THIRD FLOOR
NEW YORK, NY 10022 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
Name THE HEALTHCARING COMPANY, LLC
Address C/O SOLERA CAPITAL
625 MADISON AVENUE THIRD FLOOR
City-State-Zip: NEW YORK NY 10022

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: MARY ELLEN HENNESSY-JONES

AUTHORIZED SIGNER

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date