

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004091

**Entity Name:** THE HEALTHCARING CLINIC OF FLORIDA, LLC

**Current Principal Place of Business:**

8 CADILLAC DRIVE  
SUITE 250  
BRENTWOOD, TN 37027

**Current Mailing Address:**

8 CADILLAC DRIVE  
SUITE 250  
BRENTWOOD, TN 37027

**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 MGRM  
Name THE LITTLE CLINIC, LLC  
Address 8 CADILLAC DRIVE, SUITE 250  
City-State-Zip: BRENTWOOD TN 37027

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA LOSCALZO

**AUTHORIZED PERSON**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date