

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110563

**Entity Name:** INJURY TREATMENT CENTER OF NAPLES, LLC

**Current Principal Place of Business:**

2295 N.W. CORPORATE BLVD.  
SUITE 144  
BOCA RATON, FL 33431

**Current Mailing Address:**

2295 N.W. CORPORATE BLVD.  
SUITE 140  
BOCA RATON, FL 33431

**FEI Number:** 27-1340678

**Certificate of Status Desired:** No

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

BROWN, GARY  
2295 N.W. CORPORATE BLVD.  
SUITE 144  
BOCA RATON, FL 33431 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 BROWN, GARY D  
Address 2295 NW CORP BLVD SUITE 140  
City-State-Zip: BOCA RATON FL 33431

*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:** GARY BROWN

MGMR

02/16/2015

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

\_\_\_\_\_  
Date