

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110563

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

**Current Principal Place of Business:**

2171 PINE RIDGE RD  
SUITE E  
NAPLES, FL 34109

**Current Mailing Address:**

2295 N.W. CORPORATE BLVD.  
SUITE 110  
BOCA RATON, FL 33431 US

**FEI Number:** 27-1340678

**Certificate of Status Desired:** No

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

PPMS  
2295 N.W. CORPORATE BLVD.  
SUITE 110  
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:** GARY BROWN

04/03/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BROWN, GARY D  
Address 2295 NW CORP BLVD  
SUITE 110  
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

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date