

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000110563

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

**Current Principal Place of Business:**

1515 N FEDERAL HIGHWAY  
SUITE 305  
BOCA RATON, FL 33432

**Current Mailing Address:**

1515 N FEDERAL HIGHWAY  
SUITE 305  
BOCA RATON, FL 33432 US

**FEI Number:** 27-1340678

**Certificate of Status Desired:** No

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

PPMS  
1515 N FEDERAL HIGHWAY  
SUITE 110 SUITE 305  
BOCA RATON, FL 33432 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

09/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BROWN, GARY D  
Address 1515 N FEDERAL HIGHWAY  
SUITE 305  
City-State-Zip: BOCA RATON FL 33432

*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

MANAGER

09/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date