2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2016
Secretary of State
CC1911856842

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Entity Name: INJURY TREATMENT CENTER OF NORTH MIAMI BEACH, LLC

Current Principal Place of Business:

1380 NE MIAMI GARDENS DR.
SUITE 138
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

2295 NW CORPORATE BLVD. #140
BOCA RATON, FL 33431

FEI Number: 45-4998075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PREFERRED PHYSICIANS MANAGEMENT SERVICES, INC.
2295 NW CORPORATE BLVD.
#140
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: PPMS 03/10/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	BROWN, GARY
Address	2295 NW CORPORATE BLVD., #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 03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date