

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000047774

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

Current Principal Place of Business:

2295 NW CORPORATE BLVD.
SUITE 110
BOCA RATON, FL 33431

Current Mailing Address:

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

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.
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: PPMS

04/03/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BROWN, GARY
Address 2295 NW CORPORATE 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