

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000038855

**Entity Name:** SWB CONSULTING LLC

**Current Principal Place of Business:**

9000 SW 112 STREET  
MIAMI, FL 33176

**Current Mailing Address:**

7600 RED ROAD  
304  
MIAMI, FL 33143

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PAIN RELIEF CENTER OF SOUTH MIAMI, INC.  
7600 RED ROAD  
304  
MIAMI, FL 33143 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            AMBR  
Name            PAIN RELIEF CENTER OF SOUTH  
                  MIAMI, INC.  
Address        7600 RED ROAD STE 304  
City-State-Zip: MIAMI FL 33143

Title            MGR  
Name            SCHREIBER, JOHN  
Address        9000 SW 112 STREET  
City-State-Zip: MIAMI FL 33176

*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:** JOHN SCHREIBER

**MANAGER**

**03/20/2017**

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

\_\_\_\_\_  
Date