

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000252606

**Entity Name:** SMAC & INJURY REHAB., LLC

**Current Principal Place of Business:**

1905 W BAKER ST,  
STE A  
PLANT CITY, FL 33567

**Current Mailing Address:**

P.O.BOX 320184  
TAMPA, FL 33679 US

**FEI Number:** 66-0517340

**Certificate of Status Desired:** No

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

SMAC & INJURY REHAB  
1905 W BAKER ST,  
STE A  
PLANT CITY, FL 33567 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:** MARIA M SAN MARTIN

02/10/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SAN MARTIN, MARIA  
Address P.O.BOX 320184  
City-State-Zip: TAMPA FL 33679

*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:** MARIA SAN MARTIN

MGRM

02/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date