

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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: Yes

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

01/24/2019

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 M SAN MARTIN

DOCTOR

01/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date