

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000014907

**Entity Name:** SFIM II, LLC**Current Principal Place of Business:**5915 PONCE DE LEON BLVD.  
SUITE 23  
CORAL GABLES, FL 33146**Current Mailing Address:**5915 PONCE DE LEON BLVD.  
SUITE 23  
CORAL GABLES, FL 33146 US**FEI Number:** 30-1166197**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOUTH FLORIDA INTEGRATIVE MEDICINE, LLC  
5915 PONCE DE LEON BLVD.  
SUITE 23  
CORAL GABLES, FL 33146 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	AR
Name	SOUTH FLORIDA INTEGRATIVE MEDICINE, LLC
Address	5915 PONCE DE LEON BLVD., SUITE 26
City-State-Zip:	CORAL GABLES FL 33146

Title	AUTHORIZED REPRESENTATIVE
Name	HUMPHERY, REED H
Address	5915 PONCE DE LEON BLVD. SUITE 23
City-State-Zip:	CORAL GABLES FL 33146

Title	AUTHORIZED REPRESENTATIVE
Name	HUMPHERY, HUGH DR.
Address	5915 PONCE DE LEON BLVD. SUITE 23
City-State-Zip:	CORAL GABLES FL 33146

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:** REED HUMPHERY**MANAGING PARTNER****07/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date