2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2021
Secretary of State
3535259447CC

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, HUGH DR.
Address	5915 PONCE DE LEON BLVD. SUITE 23
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

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: HUGH HUMPHERY — AUTHORIZED REPRESENTATIVE — 03/19/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date