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: KIC MANAGEMENT GROUP INC

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	KIC MANAGEMENT GROUP, INC.	Name	LESS INSTITUTE OF FLORIDA, LLC
Address	6550 N FEDERAL HIGHWAY, SUITE 510,	Address	350 MAIN ST MALDEN MA 02148
City-State-Zip:	FORT LAUDERDALE FL 33308	City-Otate-Zip.	

6550 N FEDERAL HIGHWAY, SUITE 510, FORT LAUDERDALE, FL 33308

Current Principal Place of Business:

DOCUMENT# L11000101738

Current Mailing Address:

6550 N FEDERAL HIGHWAY, SUITE 510, FORT LAUDERDALE. FL 33308 US

FEI Number: 90-0766125

Name and Address of Current Registered Agent:

CORPORATE ACCESS INC. 236 E 6TH AVENUE TALLAHASSEE, FL 32303-6208 US

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SURGICAL MANAGEMENT AND BILLING, LLC

FILED May 01, 2024 Secretary of State 3900181422CC

Certificate of Status Desired: No

05/01/2024

Date

Date