

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000092613

Entity Name: REHABILITATION AND PAIN MANAGEMENT, LLC

Current Principal Place of Business:

300 E. OAKLAND PARK BLVD
502
WILTON MANORS, FL 33334

Current Mailing Address:

300 E. OAKLAND PARK BLVD
#502
WILTON MANORS, FL 33334 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
102
PALM BEACH GARDENS, FL 33410 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 MGR
Name SMB INVESTMENTS, LLC
Address 300 E. OAKLAND PARK BOULEVARD,
#502
City-State-Zip: WILTON MANORS FL 33334

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VENESSA HENRY

MANAGER

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date