

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000034504

**Entity Name:** SOUTH MIAMI NEUROMUSCULAR MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

7000 SW 62ND AVE  
SUITE PH-K  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7000 SW 62ND AVE  
SUITE PH-K  
SOUTH MIAMI, FL 33143

**FEI Number:** 47-3251771

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DIAZ, MITCHELL  
7000 SW 62ND AVE  
SUITE PH-K  
SOUTH MIAMI, FL 33143 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 MGRM  
Name DIAZ, MITCHELL  
Address 7000 SW 62ND AVE  
City-State-Zip: MIAMI FL 33143

*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:** MITCHELL DIAZ

**MANAGER**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date