

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080381

Entity Name: SEMINOLE INJURY GROUP, LLC

Current Principal Place of Business:

3240 W. LAKE MARY BLVD.
STE. 1300
LAKE MARY, FL 32746

Current Mailing Address:

3240 W. LAKE MARY BLVD.
STE. 1300
LAKE MARY, FL 32746 US

FEI Number: 27-3253985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOMA, PAUL M
3240 W. LAKE MARY BLVD.
STE. 1300
LAKE MARY, FL 32746 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 TOMA, PAUL M
Address 3240 W. LAKE MARY BLVD., STE. 1300
City-State-Zip: LAKE MARY FL 32746

Title MGRM
Name LOPERFITO, DAMION S
Address 609 MAITLAND AVE, #4
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGRM
Name RESSLER, MARTIN
Address 870 CLARK STREET, SUITE 1040
City-State-Zip: OVIEDO FL 32765

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: PAUL TOMA

MEMBER

04/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date