

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90008 004 ****55.00

DOCUMENT # L01000005470

1. Entity Name

INJURY TREATMENT CENTER OF LAKE WORTH, LLC

Principal Place of Business

1900 GLADES ROAD
 SUITE 100
 BOCA RATON FL 33431

Mailing Address

1900 GLADES ROAD
 SUITE 100
 BOCA RATON FL 33431

2. Principal Place of Business

3045 Military Trail

3. Mailing Address

1900 NW Corporate Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Boca Raton, FL

Zip

Country

33463 USA

Zip

Country

33431 USA

4. FEI Number

05-1094502

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERKOWITZ, RICHARD A
 ONE SE THIRD AVE.
 15 FLOOR
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: James Proden
 Street Address (P.O. Box Number is Not Acceptable): 370 W Camino Garden Blvd
 #201
 City: Boca Raton FL Zip Code: 33402

8. 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

James L. Proden

(NOTE: Registered Agent signature required when reinstating)

4/16/2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: Manager
 NAME: Gary Brown
 STREET ADDRESS: 1900 NW Corporate Blvd., Suite 300 W
 CITY-ST-ZIP: Boca Raton, FL 33431

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/16/02

(561) 391-2339

CR2E083 (9/01)