


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000012140</b> 1. Entity Name TYRONE INJURY & WELLNESS CENTER, P.L.	
---	---

Principal Place of Business 2600 66TH STREET NORTH ST PETERSBURG, FL 33710	Mailing Address 2600 66TH STREET NORTH ST PETERSBURG, FL 33710
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3734803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BURRILL, KEVIN D.C. 2600 66TH STREET NORTH ST PETERSBURG, FL 33710
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

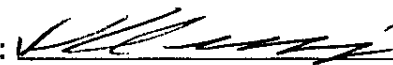
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	U000000936315 05/27/08-80006-008 138.75
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BURRILL, KEVIN DC 2600 66TH STREET N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>14-28-2008 (727) 381-3600</b> <small>Date Daytime Phone #</small>
--	---