2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

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Entity Name: TYRONE INJURY & WELLNESS CENTER, P.L.

Current Principal Place of Business:

2600 66TH STREET NORTH
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

2600 66TH STREET NORTH
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3734803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURRILL, KEVIN D.C.
2600 66TH STREET NORTH
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BURRILL, KEVIN DC
Address: 2600 66TH STREET N
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information indicated on this 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 Statues.

SIGNATURE: KEVIN BURRILL DR 04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date