

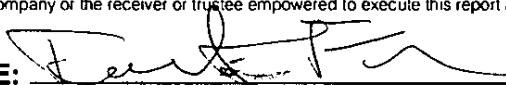


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90036 041 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000011700					
1. Entity Name JACKSONVILLE INJURY CENTER, LLC					
Principal Place of Business 9140 GOLFSIDE DR. STE 11 JACKSONVILLE, FL 32256			Mailing Address 9140 GOLFSIDE DR. STE. 11 N. JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUDAI, NICOLE 9140 GOLDSIDE DR., STE. 11 N JACKSONVILLE, FL 32256			Name <i>First Legacy Group</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>9140 Golfside Dr., ste. 11 N</i>		
			City <i>Jax.</i> FL Zip Code <i>32256</i>		
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 				DATE <i>3-29-05</i>	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIC MANAGAEMENT TRUST 9140 GOLFSIDE DR., STE. 11 N. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE <i>3-29-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	