


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011700 1. Entity Name JACKSONVILLE INJURY CENTER, LLC	
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Principal Place of Business 9140 GOLFSIDE DR. STE 11 JACKSONVILLE, FL 32256	Mailing Address 9140 GOLFSIDE DR. STE. 11 N. JACKSONVILLE, FL 32256
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03142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FIRST LEGACY GROUP 9140 GOLDSIDE DR., STE. 11 N JACKSONVILLE, FL 32256
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**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-10-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIC MANAGAEMENT TRUST 9140 GOLFSIDE DR., STE. 11 N. JACKSONVILLE, FL 32256
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06/22/06-80002-005 50.00

**DO NOT WRITE
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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.

SIGNATURE

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

Date

Daytime Phone #

6-10-06