


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000011700</b> 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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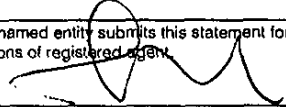
04062007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number NOT APPLICABLE	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  FIRST LEGACY GROUP 9140 GOLDSIDE DR., STE. 11 N JACKSONVILLE, FL 32256
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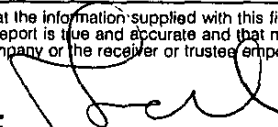
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE 4-10-07

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	U000000706536 04/24/07-80040-015 50.00
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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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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: 	DATE 4-10-07	DAYTIME PHONE #