

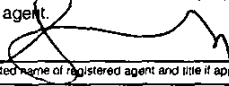
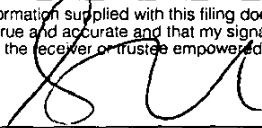


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90106 004 ***138.75

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 - No P.O. Box # 2255 Dunn Ave Suite, Apt. #, etc. 201		3. Mailing Address 2255 Dunn Ave Suite, Apt. #, etc. 201			
City & State Jax, FL		City & State Jax, FL		4. FEI Number NOT APPLICABLE	
Zip 32218		Country USA		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				7. Name and Address of New Registered Agent Name Shakanya Dix Street Address (P.O. Box Number is Not Acceptable) 2255 Dunn Ave #201 City Jax State FL Zip Code 32218	
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 5-1-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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 5-1-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					