

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011700

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: JACKSONVILLE INJURY CENTER, LLC

**Current Principal Place of Business:**

2255 DUNN AVE  
STE 201  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

2255 DUNN AVE  
STE 201  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIX, SHAKENYA  
2255 DUNN AVE, STE 201  
JACKSONVILLE, FL 32218 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 ( ) Delete  
Name: JIC MANAGAEMENT TRUST  
Address: 9140 GOLFSIDE DR., STE. 11 N.  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: SMM

TRUS

04/23/2009

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