2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

DOCUMENT# L02000011700

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
Name: JIC MANAGAEMENT TRUST
Address: 9140 GOLFSIDE DR., STE. 11 N.
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 Statues.

SIGNATURE: MANAGER SMM 02/23/2010

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