

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90271 004 ****50.00

DOCUMENT # L02000013017	
1. Entity Name INJURY MEDICAL CENTER, LLC	

Principal Place of Business 1510 E COLONIAL DRIVE STE 305 ORLANDO, FL 32803	Mailing Address 1510 E COLONIAL DRIVE STE 305 ORLANDO, FL 32803
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

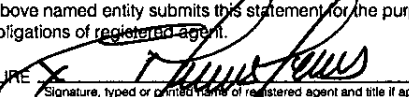


03102004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0700270	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 SPIEGEL & UTRERA, P.A. 1040 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name MARCOS CABELLO Street Address (P.O. Box Number is Not Acceptable) 1510 E. COLONIAL DRIVE STE 305 City ORLANDO FL Zip Code
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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 	DATE 3/10/04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, OSWALDO J <input type="checkbox"/> Delete 1510 E COLONIAL DRIVE ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABELLO, MARCOS <input type="checkbox"/> Delete 1510 E COLONIAL DRIVE ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, ROBERT <input type="checkbox"/> Delete 1510 E COLONIAL DRIVE ORLANDO, FL 32803	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"/> 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"/> 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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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.
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SIGNATURE: 	DATE 3/10/04	DAYTIME PHONE # 407-898-6868
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