

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024258

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Entity Name:** TREASURE COAST INJURY AND WELLNESS CENTRE, P.L.

**Current Principal Place of Business:**

778 SOUTH US ONE  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

778 SOUTH US ONE  
VERO BEACH, FL 32962

**New Mailing Address:**

**FEI Number:** 90-0047572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD.  
SUITE A210  
VERO BEACH, FL 32960 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: MGRM ( ) Delete  
Name: GRIFFIN, SHANNON A DR  
Address: 778 SOUTH US ONE  
City-St-Zip: VERO BEACH, FL 32962

**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 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: DR. SHANNON A. GRIFFIN

MGRM

01/09/2006

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