

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000024258

FILED
Nov 18, 2009
Secretary of State

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

Current Principal Place of Business:

778 SOUTH US HWY ONE
VERO BEACH, FL 32962

New Principal Place of Business:

600 N US HWY 1
FT. PIERCE, FL 34950

Current Mailing Address:

778 SOUTH US HWY ONE
VERO BEACH, FL 32962

New Mailing Address:

600 N US HWY 1
FT. PIERCE, FL 34950

FEI Number: 90-0047572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, SHANNON A DR.
778 S US HWY 1
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

GRIFFIN, SHANNON A DR.
600 N US HWY 1
FT. PIERCE, FL 34950 US

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: DR. SHANNON A. GRIFFIN

11/18/2009

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: MGRM (X) Change () Addition
Name: GRIFFIN, SHANNON A DR
Address: 600 N US HWY 1
City-St-Zip: FT. PIERCE, FL 34950

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: SHANNON A. GRIFFIN

DR.

11/18/2009

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