2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# L03000009467

Entity Name: NORTH FLORIDA MEDICAL INJURY CENTER LLC

Current Principal Place of Business:

817 NEW BERLIN RD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

10602 PARLIAMENT PL.
JACKSONVILLE, FL 32257 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:

NORTH FLORIDA CHIROPRACTIC INJURY CENTER,
10602 PARLIAMENT PL.
JACKSONVILLE, FL 32257 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: ORLANDO, JASON
Address: 10602 PARLIAMENT PL.
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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 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. JASON ORLANDO MGR 04/07/2004

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