

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009467

FILED
Jan 15, 2007
Secretary of State

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/MANAGERS:

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

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: JASON ORLANDO

DR

01/15/2007

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