

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005048

FILED
Mar 22, 2011
Secretary of State

Entity Name: GULF COAST INJURY CENTER, LLC

Current Principal Place of Business:

1104 W. KENNEDY BLVD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1104 W. KENNEDY BLVD
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-0617710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSLANDER, DAVID S
1104 W. KENNEDY BLVD
TAMPA, FL 33606 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
Name: DRUMMOND, SCOTT R MGRM
Address: 1104 W. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33606

Title: MGR
Name: AUSLANDER, DAVID S MGRM
Address: 1104 W. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33606

I hereby 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: SCOTT R DRUMMOND

MGRM

03/22/2011

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