

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063857

FILED
Apr 07, 2006
Secretary of State

Entity Name: NAPLES INJURY TREATMENT CENTER, L.L.C.

Current Principal Place of Business:

671 GOODLETTE RD.
STE 150
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

671 GOODLETTE RD.
STE 150
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 20-1554704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SITNER, ROBERT R PSY.D
7029 MONTRICO DRIVE
BOCA RATON, FL 33433 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: SITNER, ROBERT R PSY.D
Address: 7029 MONTRICO DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGR () Delete
Name: BOTTARI, STEVEN PH.D
Address: 2345 N.W. 45 STREET
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: SMITH, FREDERICK M.D.
Address: 14166 LEEWARD WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: MITTLEDORF, BRIAN D.C.
Address: 20142 PALM ISLAND DRIVE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT SITNER PSY.D

MGRM

04/07/2006

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