

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063857

FILED  
Jan 09, 2009  
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: 25-1906328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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: 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:

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: ROBERT SITNER

MGRM

01/09/2009

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