

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 06, 2010
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 ()

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

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

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

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: ROBERT SITNER

MGRM

01/06/2010

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