

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063857

FILED  
Jan 04, 2012  
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:**

4731 WEST ATLANTIC AVE  
STE B-21  
DELRAY BEACH, FL 33445 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  
**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

01/04/2012

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