2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L05000076739

Entity Name: FORT MYERS INJURY CENTER, LLC

Current Principal Place of Business:

305 CENTRAL AVENUE
SUITE 5
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

305 CENTRAL AVENUE
SUITE 5
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 87-0751716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Title: MGR ( ) Delete
Name: BOTTARI, STEVEN PHD
Address: 2100 LAKE IDA RD SUITE 1
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR ( ) Delete
Name: MITTELDORF, BRIAN D.C.
Address: 2100 LAKE IDA RD. SUITE 1
City-St-Zip: DELRAY BEACH, FL 33445

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