

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076739

FILED
Jan 04, 2011
Secretary of State

Entity Name: FORT MYERS INJURY CENTER, LLC

Current Principal Place of Business:

8140 COLLEGE PKWY., STE 201
FT. MYERS, FL 33919 US

New Principal Place of Business:

8140 COLLEGE PKWY.,
SUITE 201
FT. MYERS, FL 33919 US

Current Mailing Address:

8140 COLLEGE PKWY., STE 201
FT. MYERS, FL 33919 US

New Mailing Address:

4731 WEST ATLANTIC AVE
SUITE B-21
DELRAY BEACH, FL 33445 US

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
8140 COLLEGE PKWY SUITE 201
FORT MYERS, FL 33919 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 PSY.D
Address: 7029 MONTRICO DRIVE
City-St-Zip: BOCA RATON, FL 33433

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

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

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

01/04/2011

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