

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076739

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** FORT MYERS INJURY CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

01/04/2012

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