

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108957

Entity Name: THE INJURY BOARD, LLC

FILED
Mar 29, 2010
Secretary of State

Current Principal Place of Business:

209 SOUTH HOWARD AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

209 SOUTH HOWARD AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-3764530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DARREN A
209 SOUTH HOWARD AVE
TAMPA, FL 33606 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: CARROLL, NICHOLAS J
Address: 3410 SOUTH VIRGINIA STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM
Name: YOUNG, THOMAS L
Address: 2619 W. WATROUS AVENUE
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM
Name: ST JOHN, STEVEN
Address: 2422 W WATROUS AVE
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM
Name: CARROLL, ROBERT
Address: 950 PINE HILL RD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM
Name: WILSON, DARREN A
Address: 3920 FONTAINEBLEAU DRIVE
City-St-Zip: TAMPA, FL 33634 US

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: DARREN WILSON

MGRM

03/29/2010

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