

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014028

FILED
Apr 27, 2007
Secretary of State

Entity Name: SPINE INJURY PROFESSIONALS, LLC

Current Principal Place of Business:

1711 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

6251 PHILLIPS HWY
2
JACKSONVILLE, FL 32216 US

New Mailing Address:

4055 SAINT MICHELLE LN
ALPHARETTA, GA 30004 US

FEI Number: 03-0581275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D-CHARLES, CLAUDE
6251 PHILLIPS HWY
2
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

D-CHARLES, CLAUDE
1711 S. GADSDEN ST
TALLAHASSEE, FL 32301 US

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: CLAUDE D-CHARLES

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLAUDE D-CHARLES,
Address: 6251 PHILLIPS HWY # 2
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLAUDE D-CHARLES,
Address: 1711 S GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32301

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: CLAUDE D-CHARLES

MGR

04/27/2007

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