

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030821

FILED
Apr 11, 2007
Secretary of State

Entity Name: GULF COAST INJURY CENTER NORTH, LLC

Current Principal Place of Business:

13375 56TH STREET NORTH
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

13375 56TH STREET NORTH
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 20-4570992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SRD CONSULTANTS
2216 US 19
HOLIDAY, FL 34691 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: SCOTT DRUMMOND

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AUSLANDER, DAVID S
Address: 2216 US 19
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGRM () Delete
Name: DRUMMOND, SCOTT R
Address: 2216 US 19
City-St-Zip: HOLIDAY, FL 34691 US

ADDITIONS/CHANGES:

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 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: DAVID AUSLANDER

MGR

04/11/2007

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