2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# L06000087762

Entity Name: JACKSONVILLE INJURY TREATMENT CENTER, LLC

Current Principal Place of Business:

8384 BAY MEADOWS RD.
SUITE 3
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8384 BAY MEADOWS RD.
SUITE 3
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-5501032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SITNER, ROBERT PSY. D
7029 MONTRICO DRIVE
BOCA RATON, FL 33433 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 ( ) Delete
Name: SITNER, ROBERT PSY. D
Address: 7029 MONTRICO DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: ROBERT SITNER MGRM 03/20/2008

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