

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000087762

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**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:**

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

**New Mailing Address:**

**FEI Number:** 20-5501032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

**Title:** MGR  
**Name:** MITTELDORF, BRIAN D.C.  
**Address:** 2100 LAKE IDA RD., SUITE 1  
**City-St-Zip:** DELRAY BEACH, FL 33445 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:** ROBERT SITNER

MGRM

01/04/2012

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