

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117889

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: TAMPA INJURY CENTER, LLC

## Current Principal Place of Business:

2100 LAKE IDA RD.  
SUITE 1  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

4544 WEST KENNEDY BLVD  
TAMPA, FL 33609

## Current Mailing Address:

2100 LAKE IDA RD.  
SUITE 1  
DELRAY BEACH, FL 33445

## New Mailing Address:

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

FEI Number: 26-1458002

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

Title: MGRM ( ) Delete  
Name: MITTELDORF, BRIAN DC  
Address: 2100 LAKE IDA RD.  
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