2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117889

City-St-Zip:

DELRAY BEACH, FL 33445 US

Entity Name: TAMPA INJURY CENTER, LLC

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4544 WEST KENNEDY BLVD TAMPA, FL 33609 **Current Mailing Address: 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 (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SITNER, ROBERT PSY D 7029 MÓNTRICO DRIVE BOCA RATON, FL 33433 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition SITNER, ROBERT PSY D Name: Name: Address: 7029 MONTRICO DRIVE Address: City-St-Zip: BOCA RATON, FL 33433 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BOTTARI, STEVEN PHD Name: Address: 2100 LAKE IDA RD. Address: City-St-Zip: DELRAY BEACH, FL 33445 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MITTELDORF, BRIAN DC Name: Name: 2100 LAKE IDA RD. Address: Address:

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.

City-St-Zip:

SIGNATURE: ROBERT SITNER MGRM 01/09/2009