

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117889

FILED
Jan 04, 2012
Secretary of State

Entity Name: TAMPA INJURY CENTER, LLC

Current Principal Place of Business:

4544 WEST KENNEDY BLVD
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-1458002

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

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