

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030492

FILED
Apr 30, 2009
Secretary of State

Entity Name: INJURY HEALTH CENTER LLC

Current Principal Place of Business:

1850 NORTH ALAFAYA TRAIL
BLDG 1B
ORLANDO, FL 32826

New Principal Place of Business:

1248 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

Current Mailing Address:

1850 NORTH ALAFAYA TRAIL
BLDG 1B
ORLANDO, FL 32826

New Mailing Address:

1248 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

FEI Number: 26-2253136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDOCK PROSCIA, STACY
557 WALDEN VIEW DRIVE
SANFORD, FL 32771 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: TERRANOVA, JOSEPH
Address: 2636 CORBYTON CT
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: HUDOCK PROSCIA, STACY
Address: 557 WALDEN VIEW DRIVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

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: STACY HUDOCK PROSCIA

MGRM

04/30/2009

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