2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2010
Secretary of State

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Entity Name: COLLISION CARE OF MANATEE, L.L.C.

Current Principal Place of Business:

4315 53RD AVE. EAST
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

8849 COLUMBIA RD
MAINEVILLE, OH 45039 95

New Mailing Address:

FEI Number: 11-3842179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, CHRISTOPHER C
1432 FIRST STREET
SARASOTA, FL 34236 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: THEOBALD, GREGORY
Address: 5362 VISTA POINT DRIVE
City-St-Zip: MAINEVILLE, OH 45039 US

Title: MGRM
Name: THEOBALD, STEVEN
Address: 2155 E. FOSTER MAINEVILLE
City-St-Zip: MORROW, OH 45152 US

Title: MGRM
Name: TIGHE, DEBORAH
Address: P.O. BOX 309
City-St-Zip: MAINEVILLE, OH 45039 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 Statues.

SIGNATURE: JIM WEST CEO 04/24/2010

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