

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000102489

**FILED**  
**Jun 03, 2010**  
**Secretary of State**

**Entity Name:** SUPERIOR INJURY CENTER, LLC

**Current Principal Place of Business:**

1779 W. HILLSBOROUGH AVE  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

1779 W. HILLSBOROUGH AVE  
TAMPA, FL 33603 US

**New Mailing Address:**

**FEI Number:** 27-2774701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FERNANDEZ, LOUIS  
1779 W. HILLSBOROUGH AVE  
TAMPA, FL 33603 US

**Name and Address of New Registered Agent:**

MANES, IVAN M  
1779 W. HILLSBOROUGH AVE  
TAMPA, FL 33603 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: IVAN M MANES

06/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MANES, IVAN M  
Address: 1779 W. HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33603 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: IVAN M MANES

MGR

06/03/2010

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