2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 21, 2010
Secretary of State

DOCUMENT# L08000102489

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:

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

Name and Address of New Registered Agent:

SHELBURNE, JAMES R
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: JAMES R SHELBURNE 09/21/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SHELBURNE, JAMES R
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 Statues.

SIGNATURE: JAMES R SHELBURNE MR 09/21/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date