2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# L08000110592

Entity Name: LEWIS AUTO INJURY CARE OF OCALA, L.L.C.

Current Principal Place of Business:

1805 SE 16TH AVE
SUITE 1102
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

4410 NEWBERRY ROAD
SUITE A-3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 32-0268528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: MGR
Name: LEWIS, ADRIAN P
Address: 4410 NEWBERRY ROAD, SUITE A-3
City-St-Zip: GAINESVILLE, FL 32607

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: ADRIAN LEWIS MGR 02/16/2010

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