

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006482

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA INJURY MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

9464 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Principal Place of Business:**

3217 FAWNWOOD DR  
OCOE, FL 34761

**Current Mailing Address:**

3217 FAWNWOOD DR  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:** 61-1587212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, SADAT  
3217 FAWNWOOD DRIVE  
OCOE, FL 34761 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:** SMITH, SADAT  
**Address:** 3217 FAWNWOOD DRIVE  
**City-St-Zip:** OCOE, FL 34761

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: SADAT SMITH

DR

05/01/2011

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