

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000032338

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2221 N. HIMES AVE  
A  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

2221 N. HIMES AVE  
A  
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number:** 26-4589820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANCHEZ, JOSE M  
2221 N. HIMES AVE.  
A  
TAMPA, FL 33607 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: FORD, ALBERT E  
Address: 2221 N. HIMES AVE., SUITE A  
City-St-Zip: TAMPA, FL 33607 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: ALBERT E. FORD

MGRM

01/19/2010

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