

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000063506

FILED
Jan 06, 2010
Secretary of State

Entity Name: INJURY CENTERS OF TAMPA, LLC

Current Principal Place of Business:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809 US

New Principal Place of Business:

1040 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34744 US

Current Mailing Address:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809 US

New Mailing Address:

1040 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34744 US

FEI Number: 27-0478809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, KIMBERLY B
6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

RAUL SOCARRAS, P.A.
3708 S. CONWAY ROAD
ORLANDO, FL 32812 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: RAUL SOCARRAS

01/06/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RUSSO, KIMBERLY B
Address: 1040 E. OSCEOLA PARKWAY
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGRM
Name: LEWIN, ROBERT
Address: 9050 PINES BLVD SUITE 301
City-St-Zip: PEMBROKE PINES, FL 33024 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: KIMBERLY B. RUSSO

MGRM

01/06/2010

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