2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: INJURY CENTERS OF TAMPA, LLC

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRL., STE 196
ORLANDO, FL 32809 US

New Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 196
ORLANDO, FL 32809 US

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRL., STE 196
ORLANDO, FL 32809 US

New Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 196
ORLANDO, FL 32809 US

FEI Number: 27-0478809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, MICHAEL R ESQ
2180 WWEST S.R. 434, SUITE 1124
LONGWOOD, FL 32779 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: RUSSO, KIMBERLY B
Address: 6220 S. ORANGE BLOSSOM TRAIL, SUITE 196
City-St-Zip: ORLANDO, FL 32809 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 Statues.

SIGNATURE: KIMBERLY B. RUSSO MGRM 01/07/2011

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