

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000063506

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** INJURY CENTERS OF TAMPA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 Statutes.

SIGNATURE: KIMBERLY B. RUSSO

MGRM

01/25/2012

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