

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000068601

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** PLANTATION INJURY CENTER, L.L.C.

**Current Principal Place of Business:**

8148 WEST BROWARD BLVD.  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

8148 WEST BROWARD BLVD.  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 27-0548893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROPER, KEEGAN J  
1310 N.E. 41ST STREET  
OAKLAND PARK, FL 33334 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:** KEEGAN J. ROPER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HERMAN, LONNIE  
**Address:** 8148 WEST BROWARD BLVD.  
**City-St-Zip:** PLANTATION, FL 33324 US

**Title:** MGRM  
**Name:** ROPER, KEEGAN J  
**Address:** 1310 N.E. 41ST STREET  
**City-St-Zip:** OAKLAND PARK, FL 33334 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:** KEEGAN J. ROPER

MGRM

10/01/2010

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