2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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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 ( )**

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: _____

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 Statues.

SIGNATURE: DR LONNIE HERMAN PRES 03/15/2011

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