

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110734

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** JCR PERSONAL INJURY DIVISION, LLC

**Current Principal Place of Business:**

1890 SW 57TH AVE.  
SUITE 107  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

1890 SW 57TH AVE.  
SUITE 107  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

PEREZ, JUAN A  
1890 SW 57TH AVE.  
SUITE 107  
MIAMI, FL 33155 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: PEREZ, JUAN A  
Address: 1890 SW 57TH AVE. SUITE 107  
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM  
Name: PIEDRA, ANTONIO E  
Address: 1890 SW 57TH AVE. SUITE 107  
City-St-Zip: MIAMI, FL 33155 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: JUAN A. PEREZ

MGRM

04/29/2010

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