

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000116649

Entity Name: FLORIDA INJURY GROUP, LLC.

FILED
Jan 04, 2012
Secretary of State

Current Principal Place of Business:

797 N. STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

797 N. STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 27-1439610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT A. DEMETREE, D.C., INC.
797 N. STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714 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: MGR
Name: ROBERT A. DEMETREE, D.C., INC.
Address: 797 N. STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM
Name: DEMETREE CHIROPRACTIC GROUP, INC.
Address: 1750 W. BROADWAY STREET #108
City-St-Zip: OVIEDO, FL 32765

Title: MGRM
Name: MATTHEW C. DEMETREE, D.C., PA
Address: 3505 S. ORLANDO DRIVE
City-St-Zip: SANFORD, FL 32773

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: ROBERT A. DEMETREE, DC

MGR

01/04/2012

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