

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007350

**Entity Name:** LIBERTY INJURY CENTER LLC

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7345 JACKSON SPRINGS RD STE A  
TAMPA, FL 33634

**New Principal Place of Business:**

7033 HOLLOWELL DR  
TAMPA, FL 33634

**Current Mailing Address:**

7345 JACKSON SPRINGS RD STE A  
TAMPA, FL 33634

**New Mailing Address:**

7033 HOLLOWELL DR  
TAMPA, FL 33634

**FEI Number:** 27-1712022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NARCISSE, NAPTHALIE  
7345 JACKSON SPRINGS RD STE A  
TAMPA,, FL 33634 US

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

VALDEZ, OSCAR  
7033 HOLLOWELL DR  
TAMPA,, FL 33634 US

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: OSCAR VALDEZ

03/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VALDEZ, OSCAR  
Address: 7033 HOLLOWELL DR  
City-St-Zip: TAMPA, FL 33634

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: OSCAR VALDEZ

MGR

03/27/2012

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