2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: NTR INJURY CENTER, LLC

Current Principal Place of Business:

8370 W. HILLSBOROUGH AVE.
SUITE 102
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

8370 W. HILLSBOROUGH AVE.
SUITE 102
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 27-1882911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMER, WILLIAM L II
8370 W. HILLSBOROUGH AVE.
SUITE 102
TAMPA, FL 33615 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: PALMER, WILLIAM L II
Address: 8370 W. HILLSBOROUGH AVE., SUITE 102
City-St-Zip: TAMPA, FL 33615 US

Title: MGR
Name: TORRES, CARLOS M
Address: 8370 W. HILLSBOROUGH AVE., SUITE 102
City-St-Zip: TAMPA, FL 33615 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: CARLOS TORRES MGR 04/12/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date