2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2011
Secretary of State

DOCUMENT# L10000021403

Entity Name: TRAUMATIC BRAIN INJURY CENTERS, LLC

Current Principal Place of Business:

2065 NW 15TH PLACE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2065 NW 15TH PLACE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 27-2838719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID W. SOUTHWELL CPA, PLLC
16191 NW 57TH AVE.
MIAMI, FL 33014 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: PRICE, DAVID J DR
Address: 2065 NW 15TH PLACE
City-St-Zip: DELRAY BEACH, FL 33445

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 DJ PRICE D 02/12/2011

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