

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030203

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** TOTAL HEALTH & INJURY CENTER, LLC

**Current Principal Place of Business:**

3092 QUANTUM LAKES DRIVE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

5700 LAKE WORTH ROAD  
SUITE 111  
GREENACRES, FL 33463

**Current Mailing Address:**

3092 QUANTUM LAKES DRIVE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

5700 LAKE WORTH ROAD  
SUITE 111  
GREENACRES, FL 33463

**FEI Number:** 27-2212113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLER, LARRY  
3092 QUANTUM LAKES DRIVE  
BOYNTON BEACH, FL 33426 US

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

KELLER, LAWRENCE  
3092 QUANTUM LAKES DRIVE  
BOYNTON BEACH, FL 33426 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: LAWRENCE KELLER

02/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KELLER, LAWRENCE  
Address: 5700 LAKE WORTH ROAD SUITE111  
City-St-Zip: GREENACRES, FL 33463

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: LAWRENCE KELLER

OWNR

02/17/2011

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