

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063129

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** JACKSONVILLE INJURY & REHAB, LLC

**Current Principal Place of Business:**

859 PARK AVE. STE 102  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

859 PARK AVE. STE 102  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 27-2849040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CERECEDA, MARK A  
859 PARK AVE. STE 102  
ORANGE PARK, FL 32073 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:** CERECEDA, MARK A  
**Address:** 859 PARK AVE. STE 102  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** MGRM  
**Name:** TRIANA, SERGIO  
**Address:** 859 PARK AVE. STE 102  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** MGRM  
**Name:** LEWIN, ROBERT C  
**Address:** 859 PARK AVE. STE 102  
**City-St-Zip:** ORANGE PARK, FL 32073

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:** MARK CERECEDA

MGRM

04/28/2011

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