

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000063129

FILED  
Jan 10, 2012  
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:

859 PARK AVE.  
102  
ORANGE PARK, FL 32073

## Current Mailing Address:

859 PARK AVE. STE 102  
ORANGE PARK, FL 32073

## New Mailing Address:

859 PARK AVE.  
102  
ORANGE PARK, FL 32073

FEI Number: 27-2849040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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:

CERECEDA, MARK A  
859 PARK AVE.  
102  
ORANGE PARK, FL 32073 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: MARK A. CERECEDA

01/10/2012

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 A. CERECEDA

MGRM

01/10/2012

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