2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# L10000064973

Entity Name: MEDICAL INJURY GROUP OF JACKSONVILLE, L.L.C.

Current Principal Place of Business:

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: LEWIS, ANDREW
Address: 1245 COURT ST., SUITE 102
City-St-Zip: CLEARWATER, FL 33756

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: ANDREW LEWIS MGR 04/27/2011

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