2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# L10000076885

Entity Name: FLORIDA INJURY CENTERS LLC

Current Principal Place of Business:

4731 WEST ATLANTIC AVE
B-21
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4731 WEST ATLANTIC AVE
B-21
DELRAY BEACH, FL 33445

New Mailing Address:

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

Name and Address of Current Registered Agent:

SITNER, ROBERT
4731 WEST ATLANTIC AVE
B 21
DELRAY BEACH, FL 33445 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: SITNER, ROBERT
Address: 4731 WEST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR
Name: MITTELDORF, BRIAN
Address: 4731 WEST ATLANTIC AVE B21
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR
Name: BOTTARI, STEVEN
Address: 4731 WEST ATLANTIC AVE B21
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: BRIAN MITTELDORF MGR 01/10/2011

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