

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000088666

FILED
May 01, 2011
Secretary of State

Entity Name: FAMILY DOCTORS AUTO INJURY CENTER, LLC

Current Principal Place of Business:

13250 N. 56TH STREET
SUITE #101
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

13250 N. 56TH STREET
SUITE #101
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 27-3225281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIAGO, MELISSA A
13250 N. 56TH STREET
SUITE #101
TEMPLE TERRACE, FL 33617 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: SANTIAGO, MELISSA A
Address: 13250 N. 56TH STREET SUITE # 101
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR
Name: MALIBIRAN, FREDERICK
Address: 13250 N. 56TH STREET SUITE #101
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR
Name: SANTIAGO, RAMON
Address: 13250 N. 56TH STREET SUITE #101
City-St-Zip: TEMPLE TERRACE, FL 33617

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: MELISSA SANTIAGO

MGR

05/01/2011

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