

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000054539

FILED
Jan 04, 2012
Secretary of State

Entity Name: US INJURY CENTERS NETWORK LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 45-2216300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

01/04/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MITTELDORF, BRIAN
Address: 4731 WEST ATLANTIC AVE B-21
City-St-Zip: DELRAY BEACH, FL 33445 US

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

Title: MGR
Name: BOTTARI, STEVEN
Address: 4731 WEST ATLANTIC AVE B-21
City-St-Zip: DELRAY BEACH, FL 33445 US

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: BRIAN MITTELDORF

MGRM

01/04/2012

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