

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000071624

FILED
Apr 23, 2012
Secretary of State

Entity Name: HEALTH POINT INJURY CENTER LLC

Current Principal Place of Business:

6817 SOUTHPOINT PKWY
2303
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PKWY
2303
JACKSONVILLE, FL 32216 US

New Mailing Address:

P.O.BOX: 551622
JACKSONVILLE, FL 32255 US

FEI Number: 45-4493627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE LA PENA, JESSIE J
6817 SOUTHPOINT PKWY
2303
JACKSONVILLE, FL 32216 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: DELA PENA, JESSIE J
Address: 6817 SOUTH POINT PKWY #2303
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: BELLO, LAZARO A
Address: 6817 SOUTHPOINT PKWY #2303
City-St-Zip: JACKSONVILLE, FL 32216 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: LAZARO ANGEL-BELLO

MGR

04/23/2012

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