2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

DOCUMENT# L11000074697

Entity Name: LAROCCA INJURY CENTERS LLC

Current Principal Place of Business:

2288 DREW STREET
B
CLEARWATER, FL 33765 US

New Principal Place of Business:

2017 DREW STREET
CLEARWATER, FL 33765 US

Current Mailing Address:

2288 DREW STREET
B
CLEARWATER, FL 33765 US

New Mailing Address:

2288 DREW STREET
C
CLEARWATER, FL 33765 US

FEI Number: 45-2599762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAROCCA, BLAKE
2288 DREW STREET
B
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

LAROCCA, BLAKE
2017 DREW STREET
CLEARWATER, FL 33765 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: _____ 03/06/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LAROCCA, MICHAEL
Address: 2288 DREW STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33765 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 Statues.

SIGNATURE: MICHAEL LAROCCA MGRM 03/06/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date