

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000097436

FILED
Apr 27, 2012
Secretary of State

Entity Name: PHYSICIANS INJURY CENTER OF LONGWOOD LLC

Current Principal Place of Business:

740 FLORIDA CENTRAL PARKWAY
SUITE 1020
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

740 FLORIDA CENTRAL PARKWAY
SUITE 1020
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 45-3077677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANDYA, NEILAY
2406 COURTNEY MEADOWS COURT
APT 202
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

PANDYA, NEILAY
6901 DELLA DRIVE
APT 24
ORLANDO, FL 32819 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: NEILAY PANDYA

04/27/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CORLISS, OLIVER Y M.D.
Address: 2236 SUMMER RAYE COURT
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: MGR
Name: NEILAY, PANDYA
Address: 740 FLORIDA CENTRAL PARKWAY, SUITE 1020
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR
Name: KISHAN, PANDYA
Address: 740 FLORIDA CENTRAL PARKWAY, SUITE 1020
City-St-Zip: LONGWOOD, FL 32750 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: NEILAY PANDYA

MGR

04/27/2012

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