

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103236

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** THE INJURY PROFESSIONAL NETWORK LLC

**Current Principal Place of Business:**

3619 WEST EUCLID AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

3619 WEST EUCLID AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 27-5239330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, STRATTON ESQ.  
611 WEST AZEELE STREET  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

STRATTON LAW FIRM  
611 WEST AZEELE STREET  
TAMPA, FL 33606 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: STRATTON SMITH, ESQUIRE

01/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CIELO, TODD  
Address: 3619 WEST EUCLID AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: MGRM  
Name: FOUNTAIN, SCOTT  
Address: 227 BATES ROAD S.E.  
City-St-Zip: CARTERSVILLE, GA 30120

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: TODD CIELO

MGRM

01/19/2012

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