2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: INJURY CENTERS OF LAKELAND, LLC

Current Principal Place of Business:

809 S FLORIDA AVE
LAKELAND, FL 33803

Current Mailing Address:

6220 S ORANGE BLOSSOM TRAIL SUITE 200
ORLANDO, FL 32809 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER
Name	INJURY CENTERS OF TAMPA, INC.
Address	6220 S ORANGE BLOSSOM TRAIL SUITE 200
City-State-Zip:	ORLANDO FL 32809

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY RUSSO — DIRECTOR OF INJURY CENTERS OF TAMPA, INC. — 04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date