

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003613

FILED
Mar 12, 2012
Secretary of State

Entity Name: MEDICAL & INJURY CENTERS OF FLORIDA, P.C.

Current Principal Place of Business:

800 VIRGINIA AVENUE, SUITE 200
HAPEVILLE, GA 30354

New Principal Place of Business:

Current Mailing Address:

800 VIRGINIA AVENUE, SUITE 200
HAPEVILLE, GA 30354

New Mailing Address:

FEI Number: 45-2883248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

OFFICERS AND DIRECTORS:

Title: DPS
Name: KOTHARI, SHAILESH
Address: 800 VIRGINIA AVENUE, SUITE 200
City-St-Zip: HAPEVILLE, GA 30354

Title: DT
Name: ARUNACHALAM, KRISHNAN
Address: 800 VIRGINIA AVENUE, SUITE 200
City-St-Zip: HAPEVILLE, GA 30354

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAILESH KOTHARI

DPS

03/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date