

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108160

FILED
May 10, 2005
Secretary of State

Entity Name: THE LINCOLN MEDICAL CENTER FOR PERSONAL INJURY CARE, INC.

Current Principal Place of Business:

1931 W. MLK JR., BLVD.
A
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 20234
TAMPA, FL 33623 US

New Mailing Address:

1931 W. MLK JR. BLVD
A
TAMPA, FL 33607 US

FEI Number: 52-2402269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROTHBURD, CRAIG E ESQ.
808 W. DELEON STREET
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAZZERILLI, FRANK
Address: 1931 W. MLK. JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. FRANK MAZZARELLI

P

05/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date