

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90160 041 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

40066734



<b>DOCUMENT # P03000108160</b>					
<b>1. Entity Name</b> THE LINCOLN MEDICAL CENTER FOR PERSONAL INJURY CARE, INC.					
<b>Principal Place of Business</b> 1931 W. MLK JR., BLVD. A TAMPA, FL 33607 US			<b>Mailing Address</b> 1931 W. MLK JR. BLVD A TAMPA, FL 33607 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 52-2402269	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROTHBURD, CRAIG E ESQ. 808 W. DELEON STREET TAMPA, FL 33606			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZZERILLI, FRANK 1931 W. MLK JR. BLVD. TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <del>ROBERT TANNENBAUM</del> Frank Mazzarelli, DC 1931-A W, MLK JR BLVD TAMPA FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <b>Frank Mazzarelli</b> / 4-16-07 813-873-9229 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="margin-left: 100px;"><small>Date</small></span> <span style="margin-left: 100px;"><small>Daytime Phone #</small></span>					