

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000036675

Entity Name: INJURY CENTERS OF ST. PETE, INC.

Current Principal Place of Business:

3140 34TH STREET NORTH
ST. PETERSBURG, FL 33713

Current Mailing Address:

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

FEI Number: 27-2493007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWE, MICHAEL R. ESQ
707 MONROE ROAD
SANFORD, FL 32771 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

Officer/Director Detail :

Title D
Name RUSSO, KIMBERLY B
Address 6220 S. ORANGE BLOSSOM TRAIL,
STE 200
City-State-Zip: ORLANDO FL 32809

Title D
Name LEWIN, ROBERT
Address 9050 PINES BLVD STE 301
City-State-Zip: PEMBROKE PINES FL 33024

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: KIMBERLY B. RUSSO

DIRECTOR

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date