

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000093948

**Entity Name:** SOUTH FLORIDA INJURY ATTORNEYS P.A.

**Current Principal Place of Business:**

1399 SW 1ST AVE, SUITE 202  
MIAMI, FL 33130

**Current Mailing Address:**

1399 SW 1ST AVE, SUITE 202  
MIAMI, FL 33130 US

**FEI Number:** 47-5641296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 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	Title	DIRECTOR
Name	GENTILE, ANGELICA	Name	ANDREW, SHAMIS
Address	1399 SW 1ST AVE, SUITE 202	Address	1399 SW 1ST AVE, SUITE 202
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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:** SHAMIS ANDREW

**DIRECTOR**

**02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date