

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000093948

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

**Current Principal Place of Business:**

14 NE 1ST AVE  
705  
MIAMI, FL 33132

**Current Mailing Address:**

14 NE 1ST AVE  
705  
MIAMI, FL 33132 US

**FEI Number:** 47-5641296

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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	DIRECTOR	Title	DIRECTOR
Name	GENTILE, ANGELICA	Name	ANDREW, SHAMIS
Address	14 NE 1ST AVE 705	Address	14 NE 1ST AVE 705
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** ANGELICA GENTILE

**DIRECTOR**

**01/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date