

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003613

**Entity Name:** MEDICAL & INJURY CENTERS OF FLORIDA, P.C.

**Current Principal Place of Business:**

4809 N. ARMENIA AVE  
SUITE 210  
TAMPA, FL 33603

**Current Mailing Address:**

800 VIRGINIA AVENUE, SUITE 200  
HAPEVILLE, GA 30354

**FEI Number:** 45-2883248

**Certificate of Status Desired:** No

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

CHALAM, BABU DR.  
5132 US HIGHWAY 19 NORTH  
NEW PORT RICHEY, FL 34652 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:** DR. BABU CHALAM

01/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DPS	Title	DT
Name	KOTHARI, SHAILESH	Name	ARUNACHALAM, KRISHNAN
Address	800 VIRGINIA AVENUE, SUITE 200	Address	800 VIRGINIA AVENUE, SUITE 200
City-State-Zip:	HAPEVILLE GA 30354	City-State-Zip:	HAPEVILLE GA 30354

*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:** DR. SHAILESH KOTHARI

CEO

01/06/2015

Electronic Signature of Signing Officer/Director Detail

Date