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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90007 022 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9800004006

MIDLANDS INJURY MANAGEMENT, INC.

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Principal Plac	ce of Business	Ma	ailing Address							
P.O. BOX 2689	012	P.C	). BOX 268912							
OKLAHOMA CI	TY OK 73126	OK	LAHOMA CITY OK 73	126			DO NOT WRITI	E IN THIS SDAY	· ·	
						•		E IN THIS SPAC	- <u>-</u>	
•							3. Date Incorporated or Qualifed			
							07/14/1998			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		<del> </del>	olied For
21		26					73-1536804			Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 1		dditional
22		27							Fee Re	quired
City & Stat	te		City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country		Zip ,	Cor	ıntry		8. This corporation owes the current	nt year Intangibl		_
24	25	29		30			Personal Property Tax.	<u></u>		□No
	9. Name and Address of Currer						10. Name and Address of New Re	gistered Agen	<u>t</u>	
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, , , , , , , C, <b>T</b> ,	CORPORATION SYSTEM				82	Stroot Addr	ess (P.O. Box Number is Not Acceptab	da)		
	D'SOUTH PINE ISLAND ROAD	1 334			62	Street Addi	ess (F.O. Box Number is Not Acceptab			
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							oration submits this statement for the pon's board of directors. I hereby accept	the appointmen	เลราชุ	jisterea
	registered agent, or both, in the State am familiar with, and accept the obliga						on's board of directors. I hereby accept	the appointmen	ıı as reç	jisterea
agent. 1 a	am familiar with, and accept the obliga	ations of,	Section 607.0505, F	lorida Stat	ut <b>e</b> s.		, , , , , , , , , , , , , , , , , , ,		ı as reç	jisterea 
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

ONLY TOUR CATEOU

STREET ADDRESS