

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000011430

FILED
Jan 30, 2002 8:00 AM
Secretary of State

Entity Name: THE INJURY CENTER, INC.

Current Principal Place of Business:

PO BOX 121681
CLERMONT, FL 34712

New Principal Place of Business:

P O BOX 560002
ORLANDO, FL 32856

Current Mailing Address:

PO BOX 121681
CLERMONT, FL 34712

New Mailing Address:

P O BOX 560002
ORLANDO, FL 32856

FEI Number: 59-3627684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENNIGAN, JEROME
2220 HILLCREST ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARDING, JULIE
Address: PO BOX 121681
City-St-Zip: CLERMONT, FL 34712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: HARDING, JULIE
Address: P O BOX 560002
City-St-Zip: ORLANDO, FL 32856

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIE HARDING

OWNE

01/30/2002

Electronic Signature of Signing Officer or Director

Date