

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90020 045 ***550.00

DOCUMENT # P00000061786					
1. Entity Name SOUTH FLORIDA INJURY CENTERS, INC.					
Principal Place of Business 3521 W. BROWARD BLVD. SUITE 104 FT. LAUDERDALE, FL 33312			Mailing Address 3521 W. BROWARD BLVD. SUITE 104 FT. LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # 2510 E. Oakland Blvd.		3. Mailing Address 2510 E. Oakland Park Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 65-1031401	
Zip 33306		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILNER, BRIAN S 3521 W. BROWARD BLVD. SUITE 104 FT. LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent 2510 E. Oakland Park Blvd. Ft. Lauderdale, FL 33306		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>B. Wilner, Jr.</u> DATE: <u>5/4/08</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. <input type="checkbox"/> Delete WILNER, BRIAN S 3521 W. BROWARD BLVD., #104 FT. LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 2510 E. Oakland Park Blvd. Ft. Lauderdale, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.					
SIGNATURE: <u>B. Wilner, Jr.</u> DATE: <u>5/4/08</u> DAYTIME PHONE: <u>954-717-1919</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					