2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000065064

1. Entity Name

Principal Place of Business

INJURY INSTITUTE OF FLORIDA, INC.



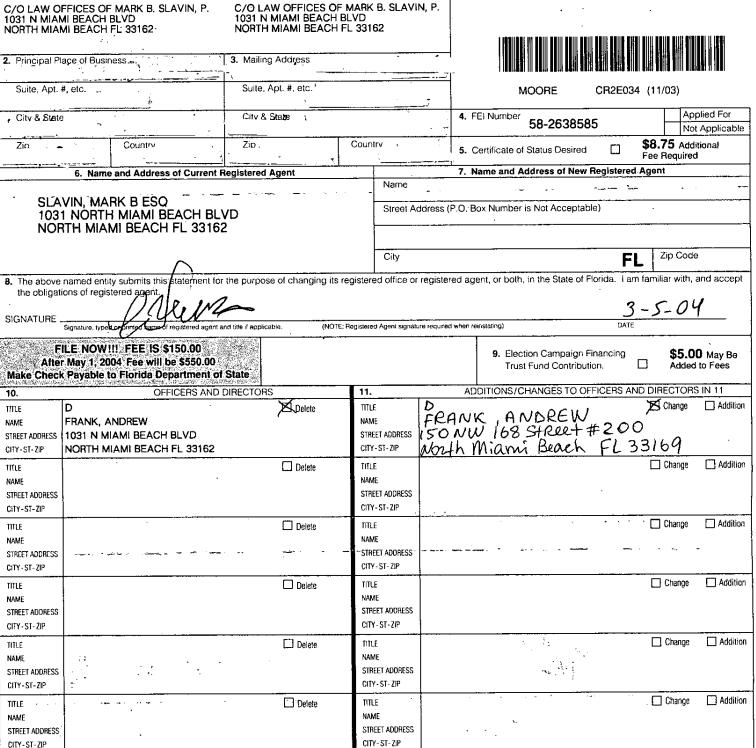
Mailing Address

C/O LAW OFFICES OF MARK B. SLAVIN, P. 1031 N MIAMI BEACH BLVD NORTH MIAMI BEACH FL 33162



Mar		200		8:00	am
				State	
03-15	-2004	90093	034 **	**150.00	

LII LD



12. 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 report or supplemental report is the 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR