

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065064

FILED
Jul 12, 2006
Secretary of State

Entity Name: INJURY INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

150 NW 168 STREET
214
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 801440
MIAMI, FL 33280

New Mailing Address:

FEI Number: 58-2638585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW, FRANK M.D.
P.O. BOX 801440
MIAMI, FL 33280 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANK, ANDREW
Address: 150 NW 168 ST., #200
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: FRANK, ANDREW
Address: 150 NW 168 ST., #214
City-St-Zip: NORTH MIAMI BEACH, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANDREW G. FRANK

DR.

07/12/2006

Electronic Signature of Signing Officer or Director

Date