

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000065064

FILED
Oct 07, 2009
Secretary of State

Entity Name: INJURY INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

1380 NE MIAMI GARDENS DRIVE
140
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

1454 NE 163RD ST
NORTH MIAMI BEACH, FL 33179

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.
1380 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 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: ANDREW FRANK

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: P () Delete
Name: FRANK, ANDREW
Address: 1775 CALLAIS DR #5
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 FRANK

Electronic Signature of Signing Officer or Director

P

10/07/2009

Date