

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 03, 2001 8:00 am
Secretary of State

04-11-2001 90092 009 ***150.00

DOCUMENT # P00000115859

1. Entity Name

INJURY TREATMENT CENTERS, INC.

Principal Place of Business

Mailing Address

400 E TARPON AVE
 TARPON SPRINGS FL 34689

400 E TARPON AVE
 TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593686504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLENNER, WALTER W. ESQ.
 2708 ALT 19 N STE 701
 PALM HARBOR FL 34683**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so:
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY-1, 2001- Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution: ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUY, JOHN	
STREET ADDRESS	P.O. BOX 1817	
CITY-ST-ZIP	PALM HARBOR FL 34682-1871	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MARJORANA, JAMES	
STREET ADDRESS	P.O. BOX 1817	
CITY-ST-ZIP	PALM HARBOR FL 34682-1871	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOGIN, GERALD	
STREET ADDRESS	P.O. BOX 1817	
CITY-ST-ZIP	PALM HARBOR FL 34682-1871	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BENDER, KIM	
STREET ADDRESS	P.O. BOX 1817	
CITY-ST-ZIP	PALM HARBOR FL 34682-1871	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 E. TARPON AVE.	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 E. TARPON AVE.	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 E. TARPON AVE.	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

727 931 0844

Date

Daytime Phone #

CR2E034 (10/00)