2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000059211

1. Entity Name
PREMIER INJURY CLINICS, INC.

FILED
04 JUN 28 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06152004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
5609 US HWY 19 NORTH NEW PORT RICHEY, FL 34-6521 Suite C 34652	5609 US HWY 19 NORTH SUITE ~~103~~ C NEW PORT RICHEY, FL 34-6521 34652

2. Principal Place of Business	3. Mailing Address
5609 US Hwy 19	5291 57th AVE N.
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: St. Petersburg, FL
Zip: 34652 Country: Pasco	Zip: 33709 Country: Pinellas

4. FEI Number 73-1675572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLARUSSO, MARY ANN
5291 57TH AVE. NORTH
ST. PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

Name: MaryAnn Colarusso
Street Address (P.O. Box Number is Not Acceptable): 5291 57th Ave N.
City: St. Petersburg FL Zip Code: 33709

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: MaryAnn Colarusso 6-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD SMITH, GARY 2055 N. POINTE ALEXIS DRIVE TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Gordon Zuerndorfer 2924 Bethany Place Clearwater, FL 33759	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300039085293 07/14/04--01007--017 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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 like empowered.

SIGNATURE: Gordon Zuerndorfer Gordon Zuerndorfer 6/19/04 727-726-1127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #