

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 043 ***150.00

DOCUMENT # P01000073873

1. Entity Name
USA Injury Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8495 Mangrove Street Suite, Apt. #, etc.		3. Mailing Address 2 South University Dr. Suite, Apt. #, etc.	
City & State Hobe Sound, FL		City & State Plantation, FL	
Zip 33455	Country USA	Zip 33324	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1127372	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David J. Powers, P.A.
Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Road, Suite 300
City Boca Raton **FL** Zip Code 33434

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 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D
NAME Brett Greenwald
STREET ADDRESS 8495 SE Mangrove Street
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME David J. Dorfman
STREET ADDRESS 8495 SE Mangrove Street
CITY-ST-ZIP Hobe Sound, FL 33455

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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 on an attachment with an address, with all other like empowered

SIGNATURE:

Brett Greenwald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/2/02 954-581-0124