


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90190 033 ***150.00

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| | |
|--------------------------------|---|
| DOCUMENT # P01000073873 |  |
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1. Entity Name
USA INJURY GROUP, INC.

| | |
|--|---|
| Principal Place of Business 8495 MANGROVE STREET HOBE SOUND FL 33455 | Mailing Address 2 SOUTH UNIVERSITY DR. STE 327 PLANTATION FL 33324 |
|--|---|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

| | |
|--|--|
| 4. FEI Number 65-1127372 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | |
| 7. Name and Address of New Registered Agent | |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENWALD, BRETT | NAME | |
| STREET ADDRESS | 8495 SE MANGROVE STREET | STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORFMAN, DAVID J | NAME | |
| STREET ADDRESS | 8495 SE MANGROVE STREET | STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 an officer like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____

CR2E034 (10/02)