

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087011

FILED
Apr 30, 2004
Secretary of State

Entity Name: WORK INJURY SOLUTIONS OF DADE COUNTY, INC.

Current Principal Place of Business:

5201 NW 77 AVE
SUITE 100
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5201 NW 77 AVE
SUITE 100
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1133046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, PAUL
5201 NW 77 AVE
SUITE 100
MIAMI, FL 33166

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, PAUL
Address: 5201 NW 77 AVENUE #100
City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: GUTIERREZ, GUSTAVO JR
Address: 5201 NW 77 AVENUE #100
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: BRONSTEIN, HILLEL
Address: 5201 NW 77 AVENUE #100
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change () Addition
Name: GUTIERREZ, GUSTAVO JR
Address: 5201 NW 77 AVENUE #100
City-St-Zip: MIAMI, FL 33166

Title: VP () Change (X) Addition
Name: COOK, ROSINA
Address: 5201 NW 77 AVENUE #100
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUSTAVO GUTIERREZ JR.

VP

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date