

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087011

FILED  
Jan 11, 2012  
Secretary of State

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

**Current Principal Place of Business:**

7911 NW 72ND AVE  
SUITE 111  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7911 NW 72ND AVE  
SUITE 111  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 65-1138046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GUTIERREZ, GUSTAVO JR  
7911 NW 72ND AVE  
SUITE 111  
MIAMI, FL 33166 US

**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

**OFFICERS AND DIRECTORS:**

Title: PRE  
Name: BRONSTEIN, HILLEL  
Address: 7911 NW 72ND AVE SUITE 111  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: GUTIERREZ, GUSTAVO JR  
Address: 7911 NW 72ND AVE SUITE 111  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: COOK, ROSINA  
Address: 7911 NW 72ND AVE SUITE 111  
City-St-Zip: MIAMI, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: GUSTAVO GUTIERREZ

VP

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date