

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101722

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PREMIER INJURY & TREATMENT CENTERS, INC.

## Current Principal Place of Business:

5423 COMMERCIAL WAY  
SUITE 101  
SPRING HILL, FL 34606 US

## New Principal Place of Business:

1501 S PINELLAS AVE  
E  
TARPON SPRINGS, FL 34689 US

## Current Mailing Address:

40347 US HWY 19N  
SUITE 101  
TARPON SPRINGS, FL 34689 US

## New Mailing Address:

1501 S PINELLAS AVE  
E  
TARPON SPRINGS, FL 34689 US

FEI Number: 03-0515795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGHEIER, KERRIE  
40347 US HWY 19N  
SUITE 101  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

LANGHEIER, KERRIE  
1501 S PINELLAS AVE  
E  
TARPON SPRINGS, FL 34689 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LANGEIER, CRIS  
Address: 40347 US HWY 19N STE 101  
City-St-Zip: TARPON SPRINGS, FL 34689 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LANGEIER, CRIS  
Address: 1501 S PINELLAS AVE STE E  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: CRIS E LANGHEIER

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date