2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P01000103906

Entity Name: FT. PIERCE INJURY TREATMENT CENTER, INC.

Current Principal Place of Business:

2401 SOUTH FEDERAL HWY
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2401 SOUTH FEDERAL HWY
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-1151458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOTTARI, STEVEN PH.D
2401 SOUTH FEDERAL HWY
FORT PIERCE, FL 34982 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BOTTARI, STEVEN PH.D
Address: 2100 LAKE IDA RD SUITE 1
City-St-Zip: DELRAY BCH, FL 33445

Title: V ( ) Delete
Name: SITNER, ROBERT PSY.D
Address: 2100 LAKE IDA RD SUITE 1
City-St-Zip: DELRAY BCH, FL 33445

Title: D ( ) Delete
Name: SMITH, FREDERICK MD
Address: 2401 SOUTH FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: MITTLEDORF, BRIAN DC
Address: 2401 SOUTH FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT SITNER PSY.D V 04/07/2006

Electronic Signature of Signing Officer or Director — Date