

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103906

FILED  
Apr 19, 2007  
Secretary of State

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

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: STEVEN BOTTARI PH.D

DIR

04/19/2007

Electronic Signature of Signing Officer or Director

Date