

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90203 041 \*\*\*150.00

**DOCUMENT # P01000118816**

1. Entity Name

**PRIMARY CARE AND INJURY CENTER, INC.**



Principal Place of Business

2309 W. DR. MARTIN LUTHER KING, JR. BLVD.  
SUITE 3  
TAMPA FL 33606

Mailing Address

2309 W. DR. MARTIN LUTHER KING, JR. BLVD.  
SUITE 3  
TAMPA FL 33606

2. Principal Place of Business

2309 W. DR. MLK JR BLVD

3. Mailing Address

P.O. BOX : 45788

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3 N/A

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33606

Country

USA

Zip

33607

Country

USA

4. FEI Number

26-0017697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11014760



6. Name and Address of Current Registered Agent

VEILLARD, LEON  
99 20TH ST. SW  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name LEON VEILLARD

Street Address (P.O. Box Number is Not Acceptable)

99 20TH STREET SW

WINTER HAVEN

City WINTER HAVEN

FL

Zip Code

33880

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/15/03

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☒

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VELLARD, LEON	
STREET ADDRESS	99 20TH ST. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROMAIN, GERARD	
STREET ADDRESS	301 THIRD ST. NW STE. 357	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, JANICE	
STREET ADDRESS	301 THIRD ST. NW STE. 357	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	T	<input type="checkbox"/> Delete
NAME	VEILLARD, LEON	
STREET ADDRESS	99 20TH ST. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD ROMAIN	
STREET ADDRESS	301 3RD STREET NW.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEILLARD LEON	
STREET ADDRESS	99 20TH STREET SW	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON P. VEILLARD

04/15/03

813-822-7779

0454990 AV

CR2E034 (10/02)