

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119040

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** PERSONAL INJURY CLINIC OF TAMPA BAY, INC.

**Current Principal Place of Business:**

3303 W. COLUMBUS DRIVE  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15531  
TAMPA, FL 33684

**New Mailing Address:**

**FEI Number:** 60-0001806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINE, ELIZABETH  
7305 N HOWARD AVE.  
TAMPA, FL 33604 US

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

MARTINE, ELIZABETH  
2841 SAFE HARBOR DRIVE  
TAMPA, FL 33618 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: ELIZABETH MARTINEZ

04/25/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARTINEZ, ELIZABETH  
Address: 7305 N HOWARD AVE.  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MARTINEZ, ELIZABETH  
Address: 2841 SAFE HARBOR DR  
City-St-Zip: TAMPA, FL 33618

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: ELIZABETH MARTINEZ

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date