

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119040

FILED
Apr 17, 2007
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
2841 SAFE HARBOR DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

MARTINEZ, ELIZABETH
16326 N. GULF BLVD
#105
N.REDINGTON BEACH, FL 33708 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

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, ELIZABETH
Address: 16326 GULF BLVD #105
City-St-Zip: N.REDINGTON BEACH, FL 33708

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

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date