2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P02000009562

Entity Name: FLORIDA MEDICAL & INJURY CENTER, INC.

Current Principal Place of Business:

1400 W OAK ST, SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

1400 WEST OAK STREET
STE. A
KISSIMMEE, FL 34741

Current Mailing Address:

1400 W OAK STREET
A
KISSIMMEE, FL 34741

New Mailing Address:

1400 WEST OAK STREET
STE. A
KISSIMMEE, FL 34741

FEI Number: 04-3600705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARMIENTO, RAY R
1731 SWEETWATER W CIR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

SARMIENTO, RAY R
1400 WEST OAK STREET-STE. A
KISSIMMEE, FL 34741 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: 04/30/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SARMIENTO, RAY R
Address: 1731 SWEETWATER W CIR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SARMIENTO, RAY R
Address: 1400 WEST OAK STREET-STE. A
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAY SARMIENTO D 04/30/2005
Electronic Signature of Signing Officer or Director — Date