2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 30, 2008
Secretary of State

DOCUMENT# P02000009562

Entity Name: FLORIDA MEDICAL & INJURY CENTER, INC.

Current Principal Place of Business:

1400 WEST OAK STREET
STE. A
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1400 WEST OAK STREET
STE. A
KISSIMMEE, FL 34741

New Mailing Address:

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
1400 WEST OAK STREET-STE. A
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

PATEL, SUSHILA H
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: SUSHILA H. PATEL 07/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change ( ) Addition
Name: PATEL, SUSHILA H
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 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: SUSHILA H. PATEL P 07/30/2008
Electronic Signature of Signing Officer or Director Date