

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000009678

FILED
May 12, 2006
Secretary of State

Entity Name: BROWARD INJURY ASSOCIATES, INC.

Current Principal Place of Business:

2625 EXECUTIVE PARK DRIVE
SUITE 3-B
WESTON, FL 33331

New Principal Place of Business:

2800 GLADES CIRCLE
#155
WESTON, FL 33327

Current Mailing Address:

P. O. BOX 266654
WESTON, FL 33326

New Mailing Address:

PO BOX 267591
WESTON, FL 33326

FEI Number: 13-4271503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMILOW, STEVEN F
2645 EXECUTIVE PARK DRIVE
SUITE 115
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: STEVEN SAMILOW

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LANDRON, ISMAEL M.D.
Address: 2625 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LANDRON, ISMAEL M.D.
Address: 2800 GLADES CIRCLE
City-St-Zip: WESTON, FL 33327

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: ISMAEL LANDRON

P

05/12/2006

Electronic Signature of Signing Officer or Director

Date