

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030258

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: AMERICAN INJURY CENTERS OF SARASOTA, INC.

## Current Principal Place of Business:

1447 PEREGRINE POINT DR  
SARASOTA, FL 34231

## New Principal Place of Business:

## Current Mailing Address:

1447 PEREGRINE POINT DR  
SARASOTA, FL 34231

## New Mailing Address:

FEI Number: 03-0425437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRELL, DONALD J  
1776 RINGLING BLVD NT DR  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

HARRELL, DONALD J  
1776 RINGLING BLVD NT DR  
SARASOTA, FL 34236 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:

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: TUCCI, STEVEN M  
Address: 1447 PEREGRINE POINT DR.  
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Delete  
Name: TUCCI, MICHAEL S  
Address: 1447 PEREGRINE PT DR  
City-St-Zip: SARASOTA, FL 34231

Title: T ( ) Delete  
Name: KOERNER TUCCI, MARI E  
Address: 1447 PEREGRINE PT DR  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARI E. KOERNER TUCCI

T

01/30/2009

Electronic Signature of Signing Officer or Director

Date