

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000030601

1. Entity Name
INJURY REFERRAL NETWORK, INC.



Principal Place of Business
1900 NW CORPORATE BLVD., SUITE 300W
BOCA RATON, FL 33431

Mailing Address
2295 NW CORPORATE BLVD
BOCA RATON, FL 33431

2. Principal Place of Business
6451 E. Rogers Circle

3. Mailing Address
6451 E. Rogers Circle

Suite, Apt. #, etc.
#10

Suite, Apt. #, etc.
#10

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country
US

Zip
33432

Country
U.S.

09282004

Chg-P

CR2E034 (10/03)

4. FEI Number
01-0647326

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRUDEN, JAMES L ESQ.
370 W. CAMINO GARDENS BLVD., STE. 210
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/29/2004

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BROWN, GARY ☒ Delete
STREET ADDRESS 2295 NW CORPORATE BLVD# 140
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☐ Change ☒ Addition
NAME Ailhaud Dutreuil
STREET ADDRESS 6451 E. Rogers Circle, #10
CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/04

FILED
04 OCT -5 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

