

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000030601

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** INJURY REFERRAL NETWORK, INC.

**Current Principal Place of Business:**

1200 CLINTMOORE ROAD  
#10  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

1200 CLINTMOORE ROAD  
#10  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 01-0647326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRUDEN, JAMES L ESQ.  
980 N. FEDERAL HWY, #404  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

BURNETT, ROBERT J  
950 S PINE ISLAND ROAD  
A150  
PLANTATION, FL 33324 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: ROBERT J. BURNETT

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, GARY  
Address: 1200 CLINTMOORE ROAD, #10  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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 all other like empowered.

SIGNATURE: GARY BROWN

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date