

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050800

FILED
Apr 23, 2011
Secretary of State

Entity Name: FLORIDA PERSONAL INJURY PHYSICIANS, INC.

Current Principal Place of Business:

4132 20TH ST. WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

4132 20TH ST. WEST
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 35-2179164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLERMO, SUAREZ
18314 PRAIRIE WOLT GLEN
PARRISH, FL 34219 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: SUAREZ, GUILLERMO MD
Address: 18314 PRAIRIE WOLT GLEN
City-St-Zip: PARRISH, FL 34219

Title: VD
Name: SUAREZ, LUZ M
Address: 18314 PRAIRIE WOLT GLEN
City-St-Zip: PARRISH, FL 34219

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: GUILLERMO SUAREZ

MD

04/23/2011

Electronic Signature of Signing Officer or Director

Date