2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005
Secretary of State

DOCUMENT# P02000051254

Entity Name: ACCIDENT CLINICAL CENTER, INC

Current Principal Place of Business:

7171 CORAL WAY
SUITE 402
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7171 CORAL WAY
SUITE 402
MIAMI, FL 33155

New Mailing Address:

FEI Number: 81-0555691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDOZA, PAMELA
7171 CORAL WAY SUITE 402
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MENDOZA, PAMELA
Address: 8745 S.W. 144 STREET
City-St-Zip: PALMETTO BAY, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition
Name: MENDOZA, PAMELA
Address: 8745 S.W. 144 STREET
City-St-Zip: PALMETTO BAY, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA MENDOZA P 03/07/2005

Electronic Signature of Signing Officer or Director — Date