

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000059524

**FILED**  
**Sep 29, 2009**  
**Secretary of State****Entity Name:** TAMPA PERSONAL INJURY CLINIC, INC.**Current Principal Place of Business:**5352 N. HABANA AVE.  
SUITE #1  
TAMPA, FL 33614**New Principal Place of Business:****Current Mailing Address:**5352 N. HABANA AVE.  
SUITE # 1  
TAMPA, FL 33614**New Mailing Address:**5352 N. HABANA AVE.  
SUITE #1  
TAMPA, FL 33614**FEI Number:** 35-2171278**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**AVELLAN, BARBARA  
5352 N. HABANA AVE.  
SUITE #1  
TAMPA, FL 33614 US**Name and Address of New Registered Agent:**BARBON, LEIDY  
5352 N. HABANA AVE.  
SUITE #1  
TAMPA, FL 33614 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: LEIDY BARBON

09/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: AVELLAN, BARBARA  
Address: 5352 N. HABANA AVE. SUITE # 1  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: BARBON, LEIDY  
Address: 5352 N. HABANA AVE. SUITE # 1  
City-St-Zip: TAMPA, FL 33614

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: LEIDY BARBON

PRES

09/29/2009

Electronic Signature of Signing Officer or Director

Date