


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000061799</b> 1. Entity Name ACCIDENT INJURY AND FAMILY HEALTH CARE, INC.	
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Principal Place of Business 17230 W DIXIE HWY N. MIAMI BCH, FL 33160	Mailing Address 17230 W DIXIE HWY N. MIAMI BCH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3691393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
DVORKIN, EILEEN  
17230 W DIXIE HWY  
N. MIAMI BCH, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ U000000119237  
04/19/04-80092-011 150.00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000119237 A.M. 04/19/04-80092-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DVORKIN, EILEEN 17230 W DIXIE HWY N. MIAMI BCH, FL 33160
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**  
4/15/2004 3059489777  
Date Daytime Phone #