

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078813 1. Entity Name FLORIDA INJURY & REHABILITATION CENTERS, INC.					
Principal Place of Business 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 606 ORLANDO FL 32809			Mailing Address 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 606 ORLANDO FL 32809		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-4204221	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUSSO BONAORA, KIMBERLY 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 606 ORLANDO FL 32809				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>[Signature]</i> NA <small>Signature, Agent or printed name of registered agent and title if applicable</small>				DATE <i>5-1-06</i> <small>(NOTE: Registered Agent signature required when re-instating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
\$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>5-1-06</i> <small>Date</small>	
DAYTIME PHONE # <i>407-886-3833</i> <small>Daytime Phone #</small>				U00000565251 05/20/06-80121-003 150.00	