

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099166

FILED
Jan 03, 2005
Secretary of State

Entity Name: THE PEMBROKE PINES ACCIDENT & INJURY CENTER, INC

Current Principal Place of Business:

2301 NORTH UNIVERSITY DRIVE
SUITE 209
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1483 SPRINGSIDE DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: 43-1973718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENDER, SANDRA
1076 CREEKFORD DRIVE
WESTON, FL 33326 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: SENTER, MINDY B
Address: 1483 SPRINGSIDE DRIVE
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: SENTER, JEFFREY S
Address: 857 SAND CREEK CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MINDY B SENTER

P

01/03/2005

Electronic Signature of Signing Officer or Director

Date