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**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91066 044 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P02000115122</b>			
1. Entity Name <b>COSMOPOLITAN INJURY CENTER INC.</b>			
Principal Place of Business <b>1301 10TH STREET G PALMETTO, FL 34221</b>		Mailing Address <b>1301 10TH STREET G PALMETTO, FL 34221</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>APPLIED FOR</b>		4. FEI Number <b>320075190</b>	
5. Certificate of Status Desired <input type="checkbox"/>		CR2E034 (10/03) Additional Fee Required <b>\$8.75</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>VEILLARD, LEON P 3877 RECKER HWY 2 WINTER HAVEN, FL 33880</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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		DATE	
Signature typed or printed (name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reappointing)	
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMAIN, GERARD</b>	NAME	
STREET ADDRESS	<b>1301 10TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VEILLARD, LEON P</b>	NAME	
STREET ADDRESS	<b>3877 RECKER HIGHWAY SUITE 2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN, FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date <b>4/30/04</b> Daytime Phone #	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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