

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000115122

FILED  
May 01, 2003  
Secretary of State

Entity Name: COSMOPOLITAN INJURY CENTER INC.

## Current Principal Place of Business:

1301 10TH STREET  
PALMETTO, FL 34221

## New Principal Place of Business:

1301 10TH STREET  
G  
PALMETTO, FL 34221

## Current Mailing Address:

1301 10TH STREET  
PALMETTO, FL 34221

## New Mailing Address:

1301 10TH STREET  
G  
PALMETTO, FL 34221

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA AGENT SERVICES, INC.  
1221 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

VEILLARD, LEON P  
3877 RECKER HWY  
2  
WINTER HAVEN, FL 33880 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: LEON PETUEL VEILLARD

05/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROMAIN, GERARD  
Address: 1301 10TH STREET  
City-St-Zip: PALMETTO, FL 34221

Title: TD ( ) Delete  
Name: VEILLARD, LEON P  
Address: 3877 RECKER HIGHWAY SUITE 2  
City-St-Zip: WINTER HAVEN, FL

## 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: LEON P. VEILLARD

VP

05/01/2003

Electronic Signature of Signing Officer or Director

Date