2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90011 048 ***150.00

94045903

DOCUMENT # P03000004346

1. Entity Name
PREMIER ORTHOPEDIC & INJURY CENTER, INC.

Principal Place of Business	Mailing Address
1931 W DRIVE MARTIN LUTHER KING JR. BLVD SUITE E TAMPA, FL 33607	1931 W DRIVE MARTIN LUTHER KING JR. BLVD SUITE E TAMPA, FL 33607

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1011 N MACDILL AVE Suite, Apt. #, etc.	1011 N MACDILL AVE Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. FEI Number: 02-0663138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, GARY 1931 W DRIVE MARTIN LUTHER KING JR. BLVD SUITE E TAMPA, FL 33607	Name: SMITH, GARY Street Address (P.O. Box Number is Not Acceptable): 1011 N MACDILL AVE City: TAMPA FL Zip Code: 33607

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: 3/5/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR GARY SMITH 2025 N POINTE ALENA DR TARPON SPRINGS FL 34689	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 3/5/04 727 686 0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #