


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90021 004 ***150.00

DOCUMENT # P03000004346 1. Entity Name PREMIER ORTHOPEDIC & INJURY CENTER, INC.					
Principal Place of Business 11345 NORVELL ROAD SPRING HILL, FL 34608			Mailing Address 1200 S. PINELLAS AVE. #14 TARPON SPRINGS, FL 34689		
2. Principal Place of Business - No P.O. Box # 3614 West Cypress Street Suite, Apt. #, etc.		3. Mailing Address 3614 West Cypress Street Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33607		Country USA		Zip 33607	
Country USA		4. FEI Number 02-0663138			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, GARY 1200 S. PINELLAS AVE. #14 TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, GARY 1200 S. PINELLAS AVE. #14 TARPON SPRINGS, FL 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3614 West Cypress Street Tampa, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08