2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P03000008989

Entity Name: ST. LUCIE INJURY CENTER, INC.

Current Principal Place of Business:

10696 S. U.S. 1
SUITE D
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

10696 S. U.S. 1
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 02-0669315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SITNER, ROBERT PSY.D
7029 MONTRICO DR.
BOCA RATON, FL 33433 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: ROBERT, SITNER R PSY.D
Address: 7029 MONTRICO DR.
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete
Name: BOTTARI, STEVEN S PH.D
Address: 2345 NW 43 ST.
City-St-Zip: BOCA RATON, FL 33431

Title: DIR ( ) Delete
Name: SMITH, FREDERICK W M.D.
Address: 14166 LEEWARD WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR ( ) Delete
Name: MITTLEDORF, BRIAN D.C.
Address: 20142 PALM ISLAND DRIVE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: ROBERT SITNER PSY.D P 04/07/2006

Electronic Signature of Signing Officer or Director — Date