2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# P03000008989

Entity Name: ST. LUCIE INJURY CENTER, INC.

Current Principal Place of Business:

4816 SOUTH US 1
FT PIERCE, FL 34985

New Principal Place of Business:

Current Mailing Address:

4731 WEST ATLANTIC AVE
SUITE B-21
DELRAY BEACH, FL 33445

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SITNER PRES 01/04/2012

Electronic Signature of Signing Officer or Director Date