

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 20, 2004 8:00 am
Secretary of State

03-29-2004 90077 008 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000051615					
1. Entity Name NAPLES INJURY CENTER, INC.					
Principal Place of Business 902 EAST 34 ST. HIALEAH FL 33013			Mailing Address 902 EAST 34 ST. HIALEAH FL 33013		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 113688851	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARGAS, LILIANA 902 EAST 34 ST. HIALEAH FL 33013				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 <i>Alberto Carreras</i> - VD				DATE 3/23/04	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State				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	TITLE	NAME
PD	VARGAS, LILIANA	902 EAST 34 ST.	HIALEAH FL 33013		
VD	CARRERAS, ALBERTO	165 WEST 57 ST	HIALEAH FL 33012		
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: <i>[Signature]</i>				4/1/04 239-793-3136 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					