

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051615

FILED
Apr 26, 2007
Secretary of State

Entity Name: NAPLES INJURY CENTER, INC.

Current Principal Place of Business:

2740 BAYSHORE DR
#8-9
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2740 BAYSHORE DR
#8-9
NAPLES, FL 34112

New Mailing Address:

FEI Number: 11-3688851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, LILIANA
2740 BAYSHORE DR
#8-9
NAPLES, FL 34112 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: PD () Delete
Name: CARRERAS, CATALINA
Address: 985 EVERGLADES BLVD SOUTH
City-St-Zip: NAPLES, FL 34117

Title: VD () Delete
Name: VARGAS, LILIANA
Address: 902 E. 34 STREET
City-St-Zip: HIALEAH, FL 33013

Title: T () Delete
Name: CARRERAS, ALBERTO
Address: 985 EVERGLADES BLVD SOUTH
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: VARGAS, LILIANA
Address: 2892 BLOSSOM CT
City-St-Zip: NAPLES, FL 34120

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

I hereby certify that the information supplied with this filing does not qualify 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: CATALINA CARRERAS

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date