

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060686

FILED
Jun 26, 2009
Secretary of State

Entity Name: ARTIBONITE INJURY CARE CENTER INC.

Current Principal Place of Business:

7358 LAKE WORTH RD.
LAKE WORTH, FL 33467

New Principal Place of Business:

4010 SOUTH 57 AVE
SUITE 103
GREENACRES, FL 33463

Current Mailing Address:

7358 LAKE WORTH RD.
LAKE WORTH, FL 33467

New Mailing Address:

4010 SOUTH 57 AVE
SUITE 103
GREENACRES, FL 33463

FEI Number: 02-0705069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAT, MORILUS
1024 FOSTERMILL ROAD
BOYNTON BEACH, FL 33436 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAT, MORILUS
Address: 1024 FOSTERMILL RD.
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MORILUS DAT

PRES

06/26/2009

Electronic Signature of Signing Officer or Director

Date