

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000060686

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ARTIBONITE INJURY CARE CENTER INC.

**Current Principal Place of Business:**

7104 SOUTH MILITARY TRAIL  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

7104 SOUTH MILITARY TRAIL  
LAKE WORTH, FL 33463 UN

**Current Mailing Address:**

7104 SOUTH MILITARY TRAIL  
LAKE WORTH, FL 33463

**New Mailing Address:**

**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  
7103 IVY CROSSING LANE  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAT, MORILUS  
Address: 7103 IVY CROSSING LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

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: MORILUS DAT

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date