

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 NOV -6 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032006 REIN-P CR2E098 (11/05)

DOCUMENT # P03000083332					
1. Entity Name STOP INJURY MEDICAL CENTER, INC.					
Principal Place of Business 7651 SOUTH WEST HWY 200, SUITE 105 OCALA, FL 34476			Mailing Address 7651 SOUTH WEST HWY 200, SUITE 105 OCALA, FL 34476		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2118340	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARRERO, IVAN BORRERO 7651 SOUTH WEST HWY 200, SUITE 105 OCALA, FL 34476 				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IVAN BORRERO MARRERO 7651 SOUTH WEST HWY 200, SUITE 105 OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200091759592 11/14/06--01063--011 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

REINSTATEMENT