2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000010832

Entity Name: A A A ACCIDENT CENTER, INC.

FILED Sep 28, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	STREET NW HAVEN, FL 33	3881			
Current Mailing Address:			New Mailing Address:		
	STREET NW HAVEN, FL 33	3881			
FEI Number:	: 59-3781271	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	LL L KKA DRIVE), FL 32839	US			
	named entity e of Florida.	submits this statement for the բ	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: WILL VI	-AL			
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (VITAL, WILL L PO BOX 5514 ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILL VITAL PRES 09/28/2005