2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# P04000052683

Entity Name: FOREST HILL INJURY CENTER, INC.

Current Principal Place of Business:

1495 FOREST HILL INJURY CENTER
SUITE D
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1495 FOREST HILL INJURY CENTER
SUITE D
WEST PALM BEACH, FL 33406

New Mailing Address:

4731 WEST ATLANTIC AVE
SUITE B-21
DELRAY BEACH, FL 33445

FEI Number: 20-0892877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SITNER, ROBERT R PSY.D
1495 FOREST HILL BLVD.
SUITE D
WEST PALM BEACH, FL 33406 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: SITNER,, ROBERT R PSY.D
Address: 1495 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP
Name: BOTTARI, STEVEN PH.D
Address: 1495 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D
Name: MITTLEDORF, BRIAN D.C.
Address: 1495 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

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: ROBERT SITNER MGRM 01/04/2011

Electronic Signature of Signing Officer or Director — Date