

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113033

FILED
Apr 23, 2009
Secretary of State

Entity Name: FIRST CHOICE PERSONAL INJURY CLINIC, INC.

Current Principal Place of Business:

2916 W WATERS AVE.,
SUITE A-2
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2916 W WATERS AVE.,
SUITE A-2
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-1457605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES-PEREZ, WILFRED SR
2916 W WATERS AVE
A-2
TAMPA, FL 33614 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINONES, WILFRED P SR
Address: 2916 W WATERS AVE , SUITE A-2
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: QUINONES, DAVID A
Address: 2916 W WATERS AVE, SUITE A-2
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: QUINONES, WILFRED JR
Address: 2916 W WATERS AVE, SUITE A-2
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: QUINONES, DAVID A
Address: 2916 W WATERS AVE, SUITE A-2
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILFRED QUINONES-PEREZ

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date