2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026086

FILED Mar 14, 2007 Secretary of State

Entity Name: AMERICAN INJURY CENTERS OF VENICE, INC.

Jurrent P	rincipal Place	OT BUSINESS:	New Principal Place	OT BUSINESS:
	EGRINE POINT A, FL 34231	DRIVE US		
Current M	lailing Address	s:	New Mailing Addres	s:
	EGRINE POINT A, FL 34231	DRIVE US		
El Number	: 20-2353967	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
776 RINC	, DONALD J BLING BLVD.			
SARASOT	A, FL 34236	US		
he above	•		ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity so e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity si e of Florida. RE:			ed office or registered agent, or both, Date
The above of the State	named entity so e of Florida. RE: Electroni	ubmits this statement for the		
The above n the State GIGNATUI	named entity so e of Florida. RE: Electroni	ubmits this statement for the place of the place of Registered Age Trust Fund Contribution ().	ent	
The above the State SIGNATUI	named entity so e of Florida. RE:Electroni mpaign Financing S AND DIRECT	ubmits this statement for the particle of Registered Ag Trust Fund Contribution (). FORS: Delete M JE PT DR	ent	Date
he above the State liGNATUI lection Car DFFICER: title: ame: ddress:	e named entity sie of Florida. RE: Electroni mpaign Financing S AND DIRECT P () TUCCI, STEVEN 1447 PERAGRIN SARASOTA, FL	ubmits this statement for the public Signature of Registered Ag Trust Fund Contribution (). FORS: Delete M JIE PT DR 34231 Delete L S E PT DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN M. TUCCI P 03/14/2007