2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026086

FILED Apr 24, 2008 Secretary of State

Entity Name: AMERICAN INJURY CENTERS OF VENICE, INC.

urrent P	rincipal Place	of Business:	New Principal Place	of Business:
	EGRINE POINT A, FL 34231	DRIVE US		
urrent N	lailing Address	5:	New Mailing Addres	ss:
	EGRINE POINT A, FL 34231	DRIVE US		
El Number	: 20-2353967	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
776 RINC	, DONALD J SLING BLVD.			
ARASOT	A, FL 34236	US		
he above	•		ourpose of changing its registere	ed office or registered agent, or both,
he above	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
he above the State	named entity si e of Florida. RE: Electroni	ubmits this statement for the រុ		
he above the State IGNATUI	named entity si e of Florida. RE: Electroni	ubmits this statement for the position of the position of Signature of Registered Agranust Fund Contribution ().	ent	
he above the State IGNATUI	e named entity si e of Florida. RE: Electronic mpaign Financing	ubmits this statement for the processing contribution (). ORS: Delete M JE PT DR	ent	Date
ne above the State GNATUI ection Car FFICER: lle: ame: ldress:	e named entity sie of Florida. RE: Electronic mpaign Financing S AND DIRECT P ()I TUCCI, STEVEN 1447 PERAGRIN SARASOTA, FL	ubmits this statement for the processing contribution (). FORS: Delete M JE PT DR 34231 Delete S E PT DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: MARI E KOERNER TUCCI T 04/24/2008