2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# P05000100200

Entity Name: GOMEZ PERSONAL INJURY CLINIC, INC.

Current Principal Place of Business:

4602 N ARMENIA AVE STE D1
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

4602 N ARMENIA AVE STE D1
TAMPA, FL 33603

New Mailing Address:

FEI Number: 20-3224118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, EULOGIO D
4507 N. ARMENIA AVENUE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

GOMEZ, EULOGIO D
4602 N ARMENIA AVE STE D1
TAMPA, FL 33603 US

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: EULOGIO D GOMEZ 03/05/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: GOMEZ, EULOGIO D
Address: 4507 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOMEZ, EULOGIO D
Address: 4602 N ARMENIA AVE STE D1
City-St-Zip: TAMPA, FL 33603 US

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: EULOGIO D GOMEZ P 03/05/2008
Electronic Signature of Signing Officer or Director Date