

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100200

Entity Name: GOMEZ PERSONAL INJURY CLINIC, INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

4602 N ARMENIA AVE STE D1
TAMPA, FL 33603 US

New Principal Place of Business:

4602 N ARMENIA AVE STE D1
TAMPA, FL 33603

Current Mailing Address:

New Mailing Address:

4602 N ARMENIA AVE STE D1
TAMPA, FL 33603

4602 N ARMENIA AVE STE D1
TAMPA, FL 33603 US

FEI Number: 20-5610280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROQUE, ODAMIS
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: ODAMIS ROQUE

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROQUE, ODAMIS
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: ODAMIS ROQUE

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date