

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 NOV 14 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-19-07



**REINSTATEMENT** 110112302419 (1/07)

<b>DOCUMENT # P06000030140</b> 1. Entity Name <b>INJURY CENTERS OF SOUTH FLORIDA, INC.</b>			
Principal Place of Business <b>151 NO NOBB HILL RD, SUITE 172 PLANTATION, FL 33324</b>		Mailing Address <b>451 NO NOBB HILL RD, SUITE 172 PLANTATION, FL 33324</b>	
2. Principal Place of Business - No P.O. Box # <b>8148 W. BROWARD BLVD</b>		3. Mailing Address <b>8148 W. BROWARD BLVD</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>PLANTATION, FLORIDA</b>		City & State <b>PLANTATION, FLORIDA</b>	
Zip <b>33324</b>		Zip <b>33324</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number 		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERMAN, LONNIE 151 NO NOBB HILL RD, SUITE 172 PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; margin-right: 20px;"> <b>FL</b>      Zip Code                 </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE			
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D HERMAN, LONNIE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900112302419</b> <b>11/14/07--01052--019 **150.00</b>
NAME	HERMAN, LONNIE	NAME	
STREET ADDRESS	151 NO NOBB HILL RD, SUITE 172	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	D HERMAN, LONNIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, LONNIE	NAME	
STREET ADDRESS	8148 W. BROWARD BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		11-7-07      954-370-3100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date      Daytime Phone #	