

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 NOV 14 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-19-07



REINSTATEMENT 110 11-19-07 (1/07)

DOCUMENT # P06000030140																											
1. Entity Name INJURY CENTERS OF SOUTH FLORIDA, INC.																											
Principal Place of Business 151 NO NOBB HILL RD, SUITE 172 PLANTATION, FL 33324		Mailing Address 451 NO NOBB HILL RD, SUITE 172 PLANTATION, FL 33324																									
2. Principal Place of Business - No P.O. Box # 8148 W. BROWARD BLVD Suite, Apt. #, etc.		3. Mailing Address 8148 W. BROWARD BLVD Suite, Apt. #, etc.																									
City & State PLANTATION, FLORIDA Zip 33324 Country USA		City & State PLANTATION, FLORIDA Zip 33324 Country USA																									
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HERMAN, LONNIE 151 NO NOBB HILL RD, SUITE 172 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 		DATE																									
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		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																									
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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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									