

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036869

Entity Name: FOR THE INJURED, INC.

FILED  
Jan 24, 2009  
Secretary of State

## Current Principal Place of Business:

4114 NORTHLAKE BLVD  
SUITE 200  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

## Current Mailing Address:

4114 NORTHLAKE BLVD  
SUITE 200  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

FEI Number: 65-0371275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GORDON, ROBERT E  
Address: 6124 WILD CAT RUN  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP ( ) Delete  
Name: DONER, ADAM S  
Address: 201 VIA QUANTERA  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: CALAMILSA, STEVEN E  
Address: 1743 W. COMMUNITY DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: WILLIAMS, DANIEL G  
Address: 1209 MERLOT DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DONER, ADAM S  
Address: 200 VIA EMILIA  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT E. GORDON

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date