

<b>DOCUMENT # P07000127042</b>		
<b>1. Entity Name</b> <b>ACCIDENT ATTORNEYS' ASSOCIATION, P.A.</b>		
<b>Principal Place of Business</b> 3800 S. OCEAN DR., #217 HOLLYWOOD, FL 33019		<b>Mailing Address</b> 3800 S. OCEAN DR., #217 HOLLYWOOD, FL 33019
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
<b>6. Name and Address of Current Registered Agent</b>		
WEISSBARD, SARAH 3800 S. OCEAN DR., #217 HOLLYWOOD, FL 33019		Name
		Street Address
		City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>		
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEISSBARD, SARAH 3800 S. OCEAN DR., #217 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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<b>11.</b>		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, F.S., and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.</b>		
<b>SIGNATURE:</b> Sarah Weissbard		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		