

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020319

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** INJURY TREATMENT CENTER OF WEST PALM BEACH, INC.

**Current Principal Place of Business:**

2295 N.W. CORPORATE BLVD.,  
#140  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2295 N.W. CORPORATE BLVD.  
SUITE 140  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 36-4628718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRUDEN, JAMES L ESQ.  
900 NORTH FEDERAL HIGHWAY  
SUITE 410  
BOCA RATON, FL 33432 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

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** BROWN, GARY  
**Address:** 2295 N.W. CORPORATE BLVD.  
**City-St-Zip:** BOCA RATON, FL 33431 US

I hereby 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 all other like empowered.

SIGNATURE: GARY BROWN

P

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date