

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020319

FILED  
Apr 18, 2012  
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:**

3375 BURNS ROAD  
UNIT 108  
PALM BEACH GARDENS, FL 33410 US

**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:**

BARNETT, ROBERT J  
950 S PINE ISLAND ROAD  
A150  
PLANTATION, FL 33324 US

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: ROBERT J. BARNETT

04/18/2012

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

PD

04/18/2012

Electronic Signature of Signing Officer or Director

Date