

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000035163

Entity Name: FLORIDA INJURY CARE INC

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

5700 MEMORIAL HWY SUITE 118
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

5700 MEMORIAL HWY SUITE 118
TAMPA, FL 33615

New Mailing Address:

FEI Number: 26-4702993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADILLA, ROBERT J
5700 MEMORIAL HWY SUITE 118
TAMPA, FL 33615 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
Name: PADILLA, ROBERT J
Address: 5700 MEMORIAL HWY SUITE 118
City-St-Zip: TAMPA, FL 33615

Title: D
Name: MARTIN HERNANDEZ, CAMILO
Address: 5700 MEMORIAL HWY SUITE 118
City-St-Zip: TAMPA, FL 33615

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: CAMILO MARTIN HERNANDEZ

D

04/30/2011

Electronic Signature of Signing Officer or Director

Date