

P09000061662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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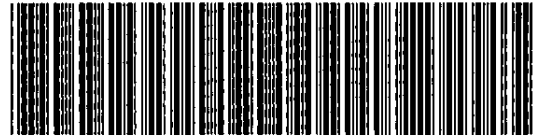
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*R.A. Chong*  
C.COULLETTE

OCT 07 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Injury Centers of North Tampa, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000061662

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael R. Lowe, Esquire  
Name of Contact Person

Michael R. Lowe, P.A.  
Firm/Company

2180 West S.R. 434, Suite 1124  
Address

Longwood, FL 32779  
City/State and Zip Code

mlowe@lowehealthlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith M. Day at ( 407 ) 332-6353-Press 7  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Injury Centers of North Tampa, Inc.  
2. The principal office address: 14824 N. Florida Avenue, Tampa, FL 33613

3. The mailing address (if different): 6220 S. Orange Blossom Trail, Suite 196, Orlando, FL 32809

4. Date of incorporation/qualification: 7/20/2009 Document number: P09000061662

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Raul Socarras, P.A.  
3708 S. Conway Road  
Orlando, FL 32812

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael R. Lowe, Esquire  
Michael R. Lowe, P.A.  
P.O. Box NOT acceptable  
2180 West S.R. 434, Suite 1124, Longwood, FL 32779

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT -5 PM 3:56

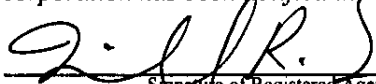
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Kimberly B. Russo  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

9/23/10  
Date

If signing on behalf of an entity:

Michael R. Lowe  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*