

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000061673

FILED
Jan 07, 2011
Secretary of State

Entity Name: INJURY CENTERS OF CENTRAL TAMPA, INC.

Current Principal Place of Business:

4700 N. HABANA AVE., STE 100
TAMPA, FL 33614 US

New Principal Place of Business:

4700 N. HABANA AVE.
SUITE 100
TAMPA, FL 33614 US

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRL., STE 196
ORLANDO, FL 32809

New Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 196
ORLANDO, FL 32809

FEI Number: 27-0601431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, MICHAEL R ESQ
MICHAEL R. LOWE, P.A.
2180 WEST SR 434, STE 1124
LONGWOOD, FL 32779 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: D
Name: RUSSO, KIMBERLY B
Address: 6220 S. ORANGE BLOSSOM TRAIL, SUITE 196
City-St-Zip: ORLANDO, FL 32809 US

Title: D
Name: LEWIN, ROBERT
Address: 9050 PINES BLVD, SUITE 301
City-St-Zip: PEMBROKE PINES, FL 33024 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: KIMBERLY B. RUSSO

D

01/07/2011

Electronic Signature of Signing Officer or Director

Date