

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000061691

FILED
Jan 06, 2010
Secretary of State

Entity Name: INJURY CENTERS OF SOUTH TAMPA, INC.

Current Principal Place of Business:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809 US

New Principal Place of Business:

1040 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34744 US

Current Mailing Address:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809 US

New Mailing Address:

1040 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34744 US

FEI Number: 27-0601740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, KIMBERLY B
6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

RAUL SOCARRAS, P.A.
3708 S. CONWAY ROAD
ORLANDO, FL 32812 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: RAUL SOCARRAS

01/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: RUSSO, KIMBERLY B
Address: 1040 E. OSCEOLA PARKWAY
City-St-Zip: KISSIMMEE, FL 34744 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

01/06/2010

Electronic Signature of Signing Officer or Director

Date