

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072981

FILED
Mar 01, 2010
Secretary of State

Entity Name: SUPERIOR INJURY CARE, INC.

Current Principal Place of Business:

1412 W. WATERS AVE
204
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

1412 W. WATERS AVE
204
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 27-0833554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARCISSE, NAPTHALIE R
1412 W. WATERS AVE
204
TAMPA, FL 33604 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: NARCISSE, NAPTHALIE R
Address: 1412 W. WATERS AVE., SUITE 204
City-St-Zip: TAMPA, FL 33604 US

Title: D
Name: OLLER, EUGENIO C
Address: 1412 W. WATERS AVE., SUITE 204
City-St-Zip: TAMPA, FL 33604 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: EUGENIO C OLLER

D

03/01/2010

Electronic Signature of Signing Officer or Director

Date