# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2011**
**Secretary of State**

DOCUMENT# P10000002245

**Entity Name:** KNUDSON BRAIN SPINE INJURY LAW OFFICE, PA

**Current Principal Place of Business:**

830 EXECUTIVE LANE
SUITE 140
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

830 EXECUTIVE LANE
SUITE 140
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number: 27-1690798** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNUDSON, JAMES I
830 EXECUTIVE LANE
SUITE 140
ROCKLEDGE, FL 32955 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: PD
Name: KNUDSON, JAMES I
Address: 830 EXECUTIVE LANE, SUITE 140
City-St-Zip: ROCKLEDGE, FL 32955

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: JAMES I. KNUDSON PD 03/28/2011

Electronic Signature of Signing Officer or Director — Date