

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000029771

FILED
Feb 26, 2011
Secretary of State

Entity Name: BEALS INJURY CENTER INC

Current Principal Place of Business:

4061 BONITA BEACH RD
103
BONITA SPRINGS, FL 34135

New Principal Place of Business:

4061 BONITA BEACH RD
103
BONITA SPRINGS, FL 34134

Current Mailing Address:

4061 BONITA BEACH RD
103
BONITA SPRINGS, FL 34135

New Mailing Address:

4061 BONITA BEACH RD
103
BONITA SPRINGS, FL 34134

FEI Number: 27-2296821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, CARLOS
2660 8 AVE SE
NAPLES, FL 34117 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: P
Name: GONZALEZ, CARLOS
Address: 2660 8 AVE SE
City-St-Zip: NAPLES, FL 34117

Title: VP
Name: NOY, ANA M SRA
Address: 2660 8 AVE SE
City-St-Zip: MIAMI, FL 34117

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: CARLOS GONZALEZ

P

02/26/2011

Electronic Signature of Signing Officer or Director

Date