

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069391

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** INJURY TREATMENT SOLUTIONS NORTH, INC.

**Current Principal Place of Business:**

1747 EVANS ROAD  
SUITE 101  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

1747 EVANS ROAD  
SUITE 101  
MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

KAHN, MICHAEL ESQ.  
482 NORTH HARBOR CITY BLVD.  
MELBORNE, FL 32935    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:                      DR  
Name:                      GREENBERG, MITCHELL R  
Address:                      1747 EVANS ROAD, SUITE 101  
City-St-Zip:                      MELBOURNE, FL 32904

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: MITCHELL GREENBERG

DR.

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date