

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000037111

FILED
Jan 25, 2012
Secretary of State

Entity Name: INJURY CENTERS OF HAINES CITY, INC.

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 196
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 196
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 45-2059873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, MICHAEL R
2180 WEST STATE ROAD 434
SUITE 1124
LONGWOOD, FL 32779 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: D
Name: RUSSO, KIMBERLY B
Address: 6220 S. ORANGE BLOSSOM TRAIL, SUITE 196
City-St-Zip: ORLANDO, FL 32809 US

Title: D
Name: LEWIN, ROBERT
Address: 9050 PINES BLVD.
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

01/25/2012

Electronic Signature of Signing Officer or Director

Date