

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90008 003 ***550.00

DOCUMENT # P93000033993
 1. Entity Name
 SOUTH FLORIDA PERSONAL INJURY CENTER, P.A.



Principal Place of Business Mailing Address
 6363 TAFT STREET 6363 TAFT STREET
 SUITE 207 SUITE 207
 HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 US



0701:004 No Chg-F CR2E034 (10/03)

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4. Filing Number 0418840 Additional Fee Required
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DROGO, VIRGINIA M
 6363 TAFT STREET
 SUITE 207
 HOLLYWOOD, FL 33024

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature of the registered agent or the filer, or the filer's authorized agent, or the filer's authorized agent's authorized agent.

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
 Trust Fund Contribution \$5.00 Fee Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY ST ZIP | P DROGO, VIRGINIA M 6363 TAFT ST HOLLYWOOD, FL 33024 |
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12. I hereby certify that the information supplied with this filing complies fully for the examination stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplements, records, and accounts, and that my 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 207, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with a date of recording.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR MEMBER

7/7/04