

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033993

FILED  
Sep 08, 2006  
Secretary of State

Entity Name: SOUTH FLORIDA PERSONAL INJURY CENTER, P.A.

**Current Principal Place of Business:**

6363 TAFT STREET  
SUITE 207  
HOLLYWOOD, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

6363 TAFT STREET  
SUITE 207  
HOLLYWOOD, FL 33024 US

**New Mailing Address:**

FEI Number: 65-0418840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DROGO, VIRGINIA M  
6363 TAFT STREET  
STE 207  
HOLLYWOOD, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DROGO, VIRGINIA M  
Address: 6363 TAFT ST  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIRGINIA M DROGO

P

09/08/2006

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

\_\_\_\_\_ Date