2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an atlas

SIGNATURE:

DOCUMENT # P93000077792 Jan 31, 2007 08:00 AM 1. Entity Namo **Secretary of State** PERSONAL INJURY LAW CENTER, P.A. Principal Place of Business Mailing Address 4263 HENDERSON BLVD 4263 HENDERSON BLVD TAMPA FL 33629 US **TAMPA FL 33629** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3405830 Not Applicat! Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEIDEN, TODD H 4263 HENDERSON BLVD Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33629** Cily Zip Code 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 according the obligations of registered agent SIGNATURE "withature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addir. 11111 Delete 1011 U00000611826 SEIDEN, TODD H NAMI NAM 02/02/07-80080-004 150.00 4263 HENDERSON BLVD SIREFT ADDRESS STREET ADDRESS TAMPA FL 33629 CITY-ST 78 CUY SUZIE ☐ All." Delete ☐ Change HILE SHALL LADORESS SHIELL ADDRESS City St 7th CHY SI ZIP ☐ Accord ☐ Change 111116 IIII Dolete NAMI Mr. M STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SL 7IP □ Fare Change Delete HH 11111 NALU NAM SHELL ADDRESS STREET ADDRESS GIY SLAP CITY ST AP ☐ Change ☐ Adding 1111 ☐ Delete 11111 MAME NAME STILL LADDRESS SHIFT ADDRESS CHY-SI AF CHY ST-ZP ☐ Change III: ☐ Delete 1811 NAME NAME STREET ADDRESS SHELL ADDRESS CHY SI 76 CTY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119, Florida Statutos. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or direction of the corporation or the receiver of trustee in province to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1

ess, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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