

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P95000064199
1. Corporation Name

BOCA INJURY CENTER

Principal Place of Business

Mailing Address

5999 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487

3. Date Incorporated or Qualified

3a. Date of Last Report

3/31/96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 5999 NO. FEDERAL HWY

5999 NO. FEDERAL HWY 65-0576159

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

City & State

BOCA RATON, FL

27

City & State

BOCA RATON, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

City & State

BOCA RATON, FL

28

City & State

BOCA RATON, FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

24

33487

25

Country

25

Zip

33487

29

Country

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN SPIRELLI
5999 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PRESIDENT

☐ DELETE

11 TITLE

☐ Change

☐ Addition

NAME

DEAN SPIRELLI

12 NAME

STREET ADDRESS

5999 NO. FEDERAL HWY

13 STREET ADDRESS

CITY - ST - ZIP

BOCA RATON, FL 33487

14 CITY - ST - ZIP

TITLE

PRESIDENT

☐ DELETE

21 TITLE

☐ Change

☐ Addition

NAME

DEAN SPIRELLI

22 NAME

STREET ADDRESS

5999 NO. FEDERAL HWY

23 STREET ADDRESS

CITY - ST - ZIP

BOCA RATON, FL 33487

24 CITY - ST - ZIP

TITLE

PRESIDENT

☐ DELETE

31 TITLE

☐ Change

☐ Addition

NAME

DEAN SPIRELLI

32 NAME

STREET ADDRESS

5999 NO. FEDERAL HWY

33 STREET ADDRESS

CITY - ST - ZIP

BOCA RATON, FL 33487

34 CITY - ST - ZIP

TITLE

PRESIDENT

☐ DELETE

41 TITLE

☐ Change

☐ Addition

NAME

DEAN SPIRELLI

42 NAME

STREET ADDRESS

5999 NO. FEDERAL HWY

43 STREET ADDRESS

CITY - ST - ZIP

BOCA RATON, FL 33487

44 CITY - ST - ZIP

TITLE

PRESIDENT

☐ DELETE

51 TITLE

☐ Change

☐ Addition

NAME

DEAN SPIRELLI

52 NAME

STREET ADDRESS

5999 NO. FEDERAL HWY

53 STREET ADDRESS

CITY - ST - ZIP

BOCA RATON, FL 33487

54 CITY - ST - ZIP

TITLE

PRESIDENT

☐ DELETE

61 TITLE

☐ Change

☐ Addition

NAME

DEAN SPIRELLI

62 NAME

STREET ADDRESS

5999 NO. FEDERAL HWY

63 STREET ADDRESS

CITY - ST - ZIP

BOCA RATON, FL 33487

64 CITY - ST - ZIP

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-05/06/97--01019--016
***165.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Spirelli

4/28/97

Date

(954) 972-2255

Daytime Phone #

CR2E034 (9/96)