

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039702

1. Entity Name
Physician's Injury Care Center, Inc.
5287 Alhambra Drive
Orlando, FL 32808

Principal Place of Business
5287 Alhambra Drive
Orlando, FL 32808

Mailing Address
5287 Alhambra Drive
Orlando, FL 32808

2. Principal Place of Business
5287 Alhambra Drive

3. Mailing Address
5287 Alhambra Drive

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip 32808 **Country** USA

4. FEI Number
59-3377120

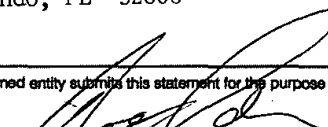
Applied For
☐ Not Applicable

5. Certificate of Status Desired XXXXX **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBERT COLVIN
5287 Alhambra Drive
Orlando, FL 32808

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE  **DATE** 11/26/01

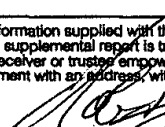
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEES: \$150.00** **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

(See criteria on back)

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Vice President	☒ Delete	TITLE	Vice President/Medical	☒ Change ☒ Addition
NAME	ROBERT COLVIN		NAME	Director/IRVING L. COLVIN	
STREET ADDRESS	5287 Alhambra Dr., Orlando, FL		STREET ADDRESS	5287 Alhambra Dr., Orlando, FL 32808	
CITY-ST-ZIP	32808		CITY-ST-ZIP	(EFFECTIVE DATE 11/26/01)	
TITLE	P/T/S/D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBERT COLVIN		NAME	200004744922	
STREET ADDRESS	5287 Alhambra Dr., Orlando, FL		STREET ADDRESS	-12/31/01--01056--011	
CITY-ST-ZIP	32808		CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	200004744922	
STREET ADDRESS			STREET ADDRESS	-12/31/01--01056--012	
CITY-ST-ZIP			CITY-ST-ZIP	*****8.75 *****8.75	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 11/26/01 **DAYTIME PHONE #** (407) 295-1441

SIGNATURE AND TITLE OF TRUSTEE OR SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 DEC 19 PM 4:46

DO NOT WRITE IN THIS SPACE

63R2E034 (11/00)