AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039702

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

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

Principal Place of Business	Mailing Address
5287 Alhambra Drive Orlando, FL 32808	5287 Alhambra Drive Orlando, FL 32808

2. Principal Place of Business	3. Mailing Address
5287 Alhambra Drive	5287 Alhambra Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32808 Country: USA	Zip: 32808 Country: USA

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
ROBERT COLVIN 5287 Alhambra Drive Orlando, FL 32808	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 _____ 11/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
ROBERT COLVIN

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ROBERT COLVIN 5287 Alhambra Dr., Orlando, FL 32808 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Medical Director/IRVING L. COLVIN 5287 Alhambra Dr., Orlando, FL 32808 (EFFECTIVE DATE 11/26/01) ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/S/D ROBERT COLVIN 5287 Alhambra Dr., Orlando, FL 32808 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200004744922--6 -12/31/01--01056--011 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200004744922--6 -12/31/01--01056--012 ******8.75 ******8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: _____ 11/26/01 (407) 295-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT COLVIN