

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000039702

FILED
Mar 10, 2011
Secretary of State

Entity Name: PHYSICIANS INJURY CARE CENTER, INC.

Current Principal Place of Business:

5287 ALHAMBRA DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5287 ALHAMBRA DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3377120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLVIN, ROBERT
5287 ALHAMBRA DRIVE
ORLANDO, FL 32808 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

OFFICERS AND DIRECTORS:

Title: PTSD
Name: COLVIN, ROBERT
Address: 5287 ALHAMBRA DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: VMD
Name: COLVIN, IRVING L
Address: 5287 ALHAMBRA DRIVE
City-St-Zip: ORLANDO, FL 32808

I hereby 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 all other like empowered.

SIGNATURE: ROBERT COLVIN

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03/10/2011

Electronic Signature of Signing Officer or Director

Date