

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000052490 (5)**

1. Corporation Name
INJURY SPECIALISTS, INC.



Principal Place of Business 2702 TAMPA BAY BLVD TAMPA FL 33607	Mailing Address 2702 TAMPA BAY BLVD TAMPA FL 33607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2526 TAMPA BAY BLVD		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 06/19/1996		3a. Date of Last Report	
Suite, Apt. #, etc. 22 SUITE B		Suite, Apt. #, etc. 27 SUITE B		4. FEI Number 650-6814-69		Applied For <input type="checkbox"/> Not Applicable	
City & State 23 TAMPA FLORIDA		City & State 28 TAMPA FLORIDA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 33607		Country 25 HILLS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29 33607		Country 30 HILLS		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CELPA, JOSE G 2702 TAMPA BAY BLVD TAMPA FL 33607				10. Name and Address of New Registered Agent			
				81 Name LOURDES DE CELPA			
				82 Street Address (P.O. Box Number is Not Acceptable) 6817 N THATCHER AVE			
				83			
				84 City TAMPA			
				85 Zip Code FL 33607			

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 **LOURDES DE CELPA** *LOURDES DE CELPA* DATE **8-20-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CELPA, JOSE G		1.2 NAME	
STREET ADDRESS 2702 TAMPA BAY BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33607		1.4 CITY-ST-ZIP	
TITLE DPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CELPA, LOURDES D		2.2 NAME	
STREET ADDRESS 2526 TAMPA BAY BLVD SUITE B		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33607		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 **LOURDES DE CELPA** *LOURDES DE CELPA* DATE **8-20-97**

CR2E034 (4/97)