2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# P96000093210

Entity Name: THE PERSONAL INJURY CLINIC, INC.

Current Principal Place of Business:

900 WEST 49 STREET
304
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

900 WEST 49 STREET
304
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0767557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, RAUL
900 WEST 49 STREET
304
HIALEAH, FL 33012 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: PD
Name: MARTINEZ, RAUL
Address: 900 WEST 49 STREET, #304
City-St-Zip: HIALEAH, FL 33012

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: RAUL MARTINEZ PD 02/21/2011

Electronic Signature of Signing Officer or Director — Date