

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061564

FILED
Jan 05, 2005
Secretary of State

Entity Name: SUNCOAST INJURY TREATMENT CLINIC CO.

Current Principal Place of Business:

1740 EAST AVE SOUTH
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15028
SARASOTA, FL 34277 US

New Mailing Address:

FEI Number: 65-0767323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: JONES, NORMAN
Address: 1740 EAST AVE S
City-St-Zip: SARASOTA, FL 34239

Title: SVD () Delete
Name: JONES, NORMAN
Address: 1740 EAST AVE SOUTH
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NORMAN JONES

PTD

01/05/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date