

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030445

FILED
Apr 29, 2011
Secretary of State

Entity Name: CHARLOTTE WORKER'S COMP INJURY CENTER, INC.

Current Principal Place of Business:

324 CROSS STREET
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

PO BOX 495665
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 65-0848474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OAKS, DAVID K ESQ.
252 W. MARION AVE.
PUNTA GORDA, FL 33950 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: PST
Name: AMARAL, DEBORAH L
Address: 198 ORLANDO BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP
Name: LEPAGE, RUTH
Address: 7519 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

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: DEBORAH AMARAL

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date