

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90082 012 ***150.00

DOCUMENT # P98000068565

1. Corporation Name
PHYSICIAN'S INJURY CENTER, INC.

Principal Place of Business
**1115 E HILLSBOROUGH AVE
TAMPA FL 33604**

Mailing Address
**1115 E HILLSBOROUGH AVE
TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1998

4. FEL Number **59-3532386** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **2161 W. Busch Blvd.**

2a. Mailing Address
26 **2161 W. Busch Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 **TAMPA, FL**

City & State
28 **TAMPA, FL**

Zip Country
24 **33612** 25 **US**

Zip Country
29 **33612** 30 **US**

9. Name and Address of Current Registered Agent

**VINCENT LAURATO, MICHAEL
1115 E HILLSBOROUGH AVE
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name **VINCENT LAURATO, MICHAEL**
82 Street Address (P.O. Box Number is Not Acceptable)
1902 W. CASS STREET
83
84 City **TAMPA** FL 85 Zip Code **33606**

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

Michael Vincent Laurato **MICHAEL VINCENT LAURATO**

02-4-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D GONZALEZ, JORGE M**
STREET ADDRESS **PO BOX 151062**
CITY-ST-ZIP **TAMPA FL 33684**

TITLE ☐ DELETE
NAME **D BAKER, RICK**
STREET ADDRESS **213 BELCHER ROAD NORTH**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Jorge M. Gonzalez **Jorge M. Gonzalez**

Date

Daytime Phone #

Pres 2-5-99 813-233-6965

CR2E034 (11/98)

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