

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093350

FILED
Jul 07, 2006
Secretary of State

Entity Name: INJURY & ACCIDENT CLINIC, INC.

Current Principal Place of Business:

132 E COLONIAL DR
138
ORLANDO, FL 32801

New Principal Place of Business:

136 E COLONIAL DR
ORLANDO, FL 32801

Current Mailing Address:

132 E COLONIAL DR
138
ORLANDO, FL 32801

New Mailing Address:

136 E COLONIAL DR
ORLANDO, FL 32801

FEI Number: 59-3541268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, CHRISTINE L
136 E COLONIAL DR
ORLANDO, FL 32801 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: P () Delete
Name: NGUYEN, CHRISTINE
Address: 136 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NGUYEN, CHRISTINE L
Address: 136 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHRISTINE LOAN NGUYEN

P

07/07/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date