

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

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Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90064 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000102925

1. Corporation Name  
ACCIDENT & INJURY CENTER, INC.



Principal Place of Business Mailing Address  
17340 N.E. 12TH AVENUE NORTH MIAMI BEACH FL 33162-1225  
17040 N.E. 12TH AVENUE NORTH MIAMI BEACH FL 33162  
c/o Gruber and Associates, P.A.  
1650 Southeast 17th Street, Suite 301  
FORT LAUDERDALE, FL 33316-1725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 17340 NORTHEAST 12th AVENUE 26 c/o GRUBER AND ASSOCIATES, P.A.  
Suite, Apt. #, etc. 27 1650 Southeast 17th Street, Suite 301  
22 City & State 28 FORT LAUDERDALE FL  
23 Zip 29 33316-1725 30 U.S.

3. Date Incorporated or Qualified 12/09/1998  
4. FEI Number APPLIED FOR  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent  
ADER, ROBERT  
100 SE 2ND STREET  
SUITE 3550 ONE INTERNATIONAL PLACE  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
81 Name LONDON PETER J.  
82 Street Address (P.O. Box Number is Not Acceptable) 17340 NORTHEAST 12th AVENUE  
83  
84 City NORTH MIAMI BEACH FL 85 Zip Code 33162-1225

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 DATE 3/30/99  
(NOTE: Registered Agent signature required when reinstating)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for LONDON PETER J. at 17340 N.E. 12TH AVENUE, NORTH MIAMI BEACH FL 33162-1225.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes entry for LONDON PETER J. at 17340 NORTHEAST 12th AVENUE, NORTH MIAMI BEACH FL 33162-1225.

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: DATE 3/30/99 DAYTIME PHONE 954-522-2262

CR2004-11 (98)