

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90074 040 \*\*\*150.00

**DOCUMENT # P98000102925**

1. Entity Name  
**ACCIDENT & INJURY CENTER, INC.**

Principal Place of Business <del>17340 N.E. 12TH AVENUE</del> <del>NORTH MIAMI BEACH FL 33162-1225</del>	Mailing Address <del>C/O GRUBER &amp; ASSOC., P.A.</del> <del>1650 SE 17TH ST. STE#301</del> <del>FT LAUDERDALE FL 33316-1725</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1728 NE MIAMI GARDENS</b> Suite, Apt. #, etc.	3. Mailing Address <b>c/o ALMAN, 1729 NE 19 AVE</b> Suite, Apt. #, etc.
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City & State <b>NO. MIAMI BEACH, FL</b>	City & State <b>NO. MIAMI BEACH, FL</b>	4. FEI Number <b>65-0921245</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33179-5301</b>	Country <b>MIAMI-DADE</b>	Zip <b>33169-2210</b>	Country <b>MIAMI-DADE</b>

6. Name and Address of Current Registered Agent <b>LONDON, PETER J</b> <b>17340 NE 12TH AVE</b> <b>N. MIAMI BCH FL 33162-1225</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<input checked="" type="checkbox"/> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>LONDON, PETER J</b> <b>17340 N.E. 12TH AVENUE</b> <b>NORTH MIAMI BEACH FL 33162-1225</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other IRE empowered.

SIGNATURE: Peter J. London **PETER J. LONDON** 4/26/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)