

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90007 008 ***150.00

DOCUMENT # P98000102925

1. Entity Name
ACCIDENT & INJURY CENTER, INC.

Principal Place of Business: **17340 N.E. 12TH AVENUE NORTH MIAMI BEACH FL 33162-1225**
 Mailing Address: **C/O GRUBER & ASSOC. P.A. 1650 SE 17TH ST. STE#301 FT LAUDERDALE FL 33316**

A0072694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1728 NE MIAMI GARDENS**
 3. Mailing Address: **1728 NE MIAMI GARDENS**

City & State: **No. MIAMI BEACH, FL**
 Zip: **33179** Country: **USA**

4. FEI Number: **65-0921245**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LONDON, PETER J
17340 NE 12TH AVE
N. MIAMI BCH FL 33162-1225

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LONDON, PETER J	
STREET ADDRESS	17340 N.E. 12TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162-1225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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 like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **Peter J. London** DIRECTOR
 Date: **5/15/01** Daytime Phone #: _____

CR2E034 (10/00)