


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90327 031 ***150.00

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| DOCUMENT # P98000102925 |  |
| 1. Entity Name ACCIDENT & INJURY CENTER, INC. | |

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|---|---|
| Principal Place of Business 1728 NE MIAMI GARDENS DRIVE MIAMI, FL 33179 | Mailing Address 17290 NE 19TH AVE N MIAMI BCH, FL 33162 |
|---|---|

DO NOT WRITE IN THIS SPACE

40072094



03122006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0921245 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY ST- ZIP | DP LONDON, PETER J 17340 N.E. 12TH AVENUE NORTH MIAMI BEACH, FL 331621225 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all like empowered.

SIGNATURE:  PETER J. LONDON 3/13/06 305-947-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #