

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102925

FILED
Apr 28, 2009
Secretary of State

Entity Name: ACCIDENT & INJURY CENTER, INC.

Current Principal Place of Business:

1728 NE MIAMI GARDENS DRIVE
MIAMI, FL 33179

New Principal Place of Business:

1728 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

17290 NE 19TH AVE
N MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: 65-0921245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONDON, PETER J
1728 NE MIAMI
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

LONDON, PETER J
1728 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 US

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

04/28/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: LONDON, PETER J
Address: 1728 NE MIAMI
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: LONDON, PETER J
Address: 1728 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify 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: PETER J LONDON

Electronic Signature of Signing Officer or Director

PRES

04/28/2009

Date