

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102925

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1728 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

1728 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 US

**Current Mailing Address:**

17290 NE 19TH AVE  
N MIAMI BCH, FL 33162

**New Mailing Address:**

17290 NE 19TH AVE  
N MIAMI BCH, FL 33162 US

**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 GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: LONDON, PETER J  
Address: 21007 NE 37TH AVENUE  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: PETER J. LONDON

PRES

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date