

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000027322**

1. Entity Name

**KISSIMMEE ACCIDENT AND INJURY CENTER, INC.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 12:54

A0017456

Principal Place of Business  
805 E. OAK STREET  
SUITE 3  
KISSIMMEE FL 34744Mailing Address  
805 E. OAK STREET  
SUITE 3  
KISSIMMEE FL 34744-5831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3566608

Not

5. Certificate of Status Desired ☐

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ENGET, KURT A  
2844 PLAZA TERRACE DRIVE  
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00  
Added to:

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ENGET, KURT A  
2844 PLAZA TERRACE DRIVE  
ORLANDO FL 32803 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ ChangeTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ ChangeTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ ChangeTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ ChangeTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ ChangeTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00 407-847