

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000009562

**Entity Name:** FLORIDA MEDICAL & INJURY CENTER, INC.

**Current Principal Place of Business:**

322 N. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741

**Current Mailing Address:**

322 N. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 US

**FEI Number:** 04-3600705

**Certificate of Status Desired:** No

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

PATEL, NEAL  
322 N. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 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

Date

**Officer/Director Detail :**

Title VTS  
Name PATEL, HASMUKH  
Address 322 N. JOHN YOUNG PARKWAY  
City-State-Zip: KISSIMMEE FL 34741

Title P  
Name PATEL, NEAL  
Address 322 N. JOHN YOUNG PARKWAY  
City-State-Zip: KISSIMMEE FL 34741

*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:** HASMUKH PATEL

VTS

04/07/2015

Electronic Signature of Signing Officer/Director Detail

Date