

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000049423

Entity Name: FLORIDA INJURY WEST, INC.

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 200
ORLANDO, FL 32809

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 200
ORLANDO, FL 32809 US

FEI Number: 27-0353406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWE, MICHAEL R ESQ
707 MONROE ROAD
SANFORD, FL 32771 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: MICHAEL R. LOWE, ESQ.

01/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name RUSSO, KIMBERLY B
Address 6220 S. ORANGE BLOSSOM TRAIL,
SUITE 200
City-State-Zip: ORLANDO FL 32809

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: KIMBERLY B. RUSSO

DIRECTOR

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date