

**2015 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.

01/15/2015

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**

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date