

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000060158

Entity Name: GREENACRES INJURY CENTER INC

Current Principal Place of Business:

6415 LAKE WORTH RD SUITE 203
GREENACRES, FL 33463

Current Mailing Address:

6415 LAKE WORTH RD SUITE 203
GREENACRES, FL 33463 US

FEI Number: 46-0538590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUSLAY, LLALILES
6415 LAKE WORTH RD SUITE 203
GREENACRES, FL 33463 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 PVT
Name MUSLAY, LLALILES
Address 6415 LAKE WORTH RD SUITE 203
City-State-Zip: GREENACRES FL 33463

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: LLALILES MUSLAY

PRESIDENT

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date