2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2019
Secretary of State
0605865583CC

DOCUMENT# P12000064882

Entity Name: FLORIDA INJURY MEDICAL CENTERS INC

Current Principal Place of Business:

432 N. PINE MEADOWS DR.
DEBARY, FL 32713

Current Mailing Address:

432 N. PINE MEADOWS DR.
DEBARY, FL 32713 US

FEI Number: 37-1697763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUFFMAN, KEVIN
432 N. PINE MEADOWS DR.
DEBARY, FL 32713 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	SECRETARY	Title	VP
Name	HUFFMAN, KEVIN	Name	HUFFMAN, HEIDI
Address	44 W. HIGHBANK RD.	Address	44100 MIDDLE RIDGE RD.
City-State-Zip:	DEBARY FL 32713	City-State-Zip:	LORAIN OH 44053

Title	PRESIDENT/OWNER
Name	HUFFMAN, KEVIN
Address	432 N. PINE MEADOWS DR.
City-State-Zip:	DEBARY FL 32713

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: KEVIN D. HUFFMAN — OWNER — 04/25/2019

Electronic Signature of Signing Officer/Director Detail — Date