

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000094400

**Entity Name:** C.O.R. INJURY CENTERS, INC

**Current Principal Place of Business:**

13501 SW 128 ST  
SUITE 116  
MIAMI, FL 33186

**Current Mailing Address:**

13501 SW 128 ST  
SUITE 116  
MIAMI, FL 33186 US

**FEI Number:** 47-5620852

**Certificate of Status Desired:** No

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

ZAPATA, ZERIOSHA  
13501 SW 128 ST  
SUITE 116  
MIAMI, FL 33186 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 P  
Name ZAPATA, ZERIOSHA  
Address 13501 SW 128 ST  
SUITE 116  
City-State-Zip: MIAMI FL 33186

*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:** ZERIOSHA ZAPATA

**PRESIDENT**

**05/08/2018**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date