

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000093350

**Entity Name:** ACCIDENT CARE CLINIC, INC.

**Current Principal Place of Business:**

136 E COLONIAL DR  
ORLANDO, FL 32801

**Current Mailing Address:**

136 E COLONIAL DR  
ORLANDO, FL 32801

**FEI Number: 59-3541268**

**Certificate of Status Desired: No**

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

LARKINS, DREW C  
136 E COLONIAL DR  
ORLANDO, FL 32808 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            CEO  
Name            LARKINS, DREW C DR.  
Address        136 E COLONIAL DR  
City-State-Zip: ORLANDO FL 32801

*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: DREW LARKINS**

**OWNER**

**01/09/2023**

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

\_\_\_\_\_  
Date