

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013043

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: BELLA-MAR INJURY CLINIC, INC.

## Current Principal Place of Business:

4302 N. HAJANA AVE. #200  
TAMPA, FL 33607

## New Principal Place of Business:

4302 N. HABANA AVE. #200  
TAMPA, FL 33607

## Current Mailing Address:

P.O. BOX 9262  
TAMPA, FL 33674

## New Mailing Address:

FEI Number: 59-3702707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARILLO, FRANK B  
6151 CORKWOOD CT. E  
LAND O LAKES, FL 34639 US

## Name and Address of New Registered Agent:

PARILLO, FRANK B  
26151 CORKWOOD CT. E  
LAND O LAKES, FL 34639 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:

07/10/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: PARILLO, FRANK B  
Address: 4302 N. HAJANA AVE. #200  
City-St-Zip: TAMPA, FL 33607

Title: SD ( ) Delete  
Name: PARILLO, MARIA  
Address: 4302 N. HAJANA AVE. #200  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: PARILLO, FRANK B  
Address: 4302 N. HABANA AVE. #200  
City-St-Zip: TAMPA, FL 33607

Title: SD (X) Change ( ) Addition  
Name: PARILLO, MARIA  
Address: 4302 N. HABANA AVE. #200  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK B PARILLO

OWNE

07/10/2007

Electronic Signature of Signing Officer or Director

Date