

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000013043

1. Entity Name  
BELLA-MAR INJURY CLINIC, INC.



**FILED  
Jan 16, 2008 8:00 am  
Secretary of State**

01-16-2008 90020 013 \*\*\*150.00

Principal Place of Business  
4302 N. HABANA AVE. #200  
TAMPA, FL 33607

Mailing Address  
P.O. BOX 9262  
TAMPA, FL 33674

2. Principal Place of Business - No P.O. Box #  
4229 N. Habana Ave

3. Mailing Address  
PO Box 9262

Suite, Apt. #, etc.  
Tampa, FL

City & State  
Tampa, FL

Zip  
33607

Country  
33674

01072008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3702707

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
PARILLO, FRANK B  
26151 CORKWOOD CT. E  
LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/17/08  
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PTD PARILLO, FRANK B 4302 N. HABANA AVE. #200 TAMPA, FL 33607</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <p>PTD <i>Frank B Parillo</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><i>4229 N. Habana Ave</i></p> <p><i>SD Maria Parillo</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><i>4229 N. Habana Ave</i></p> <p><i>Tampa FL 33607</i></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>SD PARILLO, MARIA 4302 N. HABANA AVE. #200 TAMPA, FL 33607</p>			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 8B-033-7227  
Date Daytime Phone #