


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P01000013043</b>	
1. Entity Name <b>BELLA-MAR INJURY CLINIC, INC.</b>	

Principal Place of Business <b>4302 N. HABANA AVE. #200 TAMPA, FL 33607</b>	Mailing Address <b>P.O. BOX 9262 TAMPA, FL 33674</b>
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2. Principal Place of Business - No P.O. Box # <b>4229 N. Habana Ave</b>	3. Mailing Address <b>PO Box 9262</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, FL</b>	City & State <b>Tampa FL</b>
Zip <b>33607</b>	Zip <b>33674</b>
Country	Country



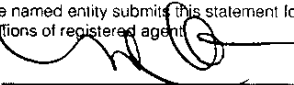
01072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3702707</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PARILLO, FRANK B 26151 CORKWOOD CT. E LAND O LAKES, FL 34639</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  DATE <b>1/7/08</b>

Signature, typed or printed name of registered agent and title if applicable.

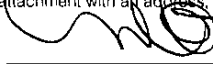
(NOTE: Registered Agent signature required when reinstating)

DATE

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

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.
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SIGNATURE: 	Date <b>1/7/08</b> Daytime Phone # <b>813-933-7227</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	