

PD1000085996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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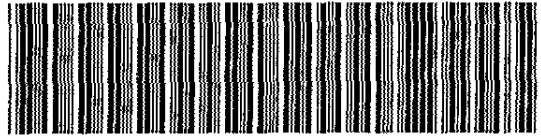
(Business Entity Name)

(Document Number)

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08/14/03--01006--012 **35.00

FILED
03 AUG 14 AM 9 56
SOUTHERN DISTRICT
FLA. 13th JUDGE

RA change
T. Lewis 8/14/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Injury & Wellness Centers of Fort Myers
(Name of corporation)

DOCUMENT NUMBER: P01000085996

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICHOLAS DESOLA
(Name of person)

Injury & Wellness of FT Myers
(Name of firm/company)

2665 Cleveland Ave suite 205
(Address)

Fort Myers FL 33901
(City/state and zip code)

For further information concerning this matter, please call:

NICHOLAS DeSola at (954) 868-2175
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: The Injury AND WELLNESS Centers of Fort Myers, Inc.

2. The principal office address: 2665 Cleveland Ave Suite 205
Fort Myers FL 33901

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/29/01 Document number: P01000085996

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Dr Bruce Gelch 2665 Cleveland Ave #205
Ft. Myers FL 33901

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

NICHOLAS DESOLA
2665 Cleveland Ave #205 Fort Myers FL 33901
(P.O. Box or personal mailbox NOT acceptable)

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

NICHOLAS DESOLA President
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]
(Signature of Registered Agent)

8/8/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314