



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000025445</b>		
1. Entity Name <b>INJURY HEALTH AND WELLNESS INCORPORATED</b>		
Principal Place of Business <b>333 W. MAIN STREET APOPKA, FL 32712</b>		Mailing Address <b>333 W. MAIN STREET APOPKA, FL 32712</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BOYLAN, MARK E 333 W. MAIN STREET APOPKA, FL 32712</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		1100000108652 04/12/04-80012-003 150.00
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	BOYLAN, MARK	
STREET ADDRESS	333 W MAIN ST	
CITY-STATE-ZIP	APOPKA, FL 32712	
TITLE	S	
NAME	BOYLAN, TERESA	
STREET ADDRESS	4554 MEADOWLAND DR	
CITY-STATE-ZIP	MOUNT DORA, FL 32757	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		47-04 407-586-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #