

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000025445

FILED  
Mar 02, 2007  
Secretary of State

Entity Name: INJURY HEALTH AND WELLNESS INCORPORATED

**Current Principal Place of Business:**

316 S. CENTRAL AVE.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

316 S. CENTRAL AVE.  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 36-4501351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOYLAN, MARK E  
316 S. CENTRAL AVE.  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOYLAN, MARK  
Address: 316 S. CENTRAL AVE.  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: BOYLAN, TERESA  
Address: 4554 MEADOWLAND DR  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK BOYLAN

P

03/02/2007

Electronic Signature of Signing Officer or Director

Date