

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044484

FILED
Jan 30, 2009
Secretary of State

Entity Name: WATERFORD LAKES WELLNESS & INJURY CLINIC, INC.

Current Principal Place of Business:

11766 E. COLONIAL DRIVE
ORLANDO, FL 32817

New Principal Place of Business:

11333 LAKE UNDERHILL RD.
UNITE. 105
ORLANDO, FL 32825

Current Mailing Address:

11766 E. COLONIAL DRIVE
ORLANDO, FL 32817

New Mailing Address:

11333 LAKE UNDERHILL RD.
UNITE. 105
ORLANDO, FL 32825

FEI Number: 82-0544374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, NAHALI
11766 E. COLONIAL DR
ORLANDO,, FL 32817 US

Name and Address of New Registered Agent:

DAVID, NAHALI
11333 LAKE UNDERHILL RD.
UNITE. 105
ORLANDO,, FL 32825 US

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:

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: NAHALI, DAVID
Address: 11766 E. COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

Title: MRS () Delete
Name: NAHALI, ANN
Address: 11766 E. COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: NAHALI, DAVID
Address: 11333 LAKE UNDERHILL RD. UNITE. 105
City-St-Zip: ORLANDO, FL 32825

Title: MRS (X) Change () Addition
Name: NAHALI, ANN
Address: 11333 LAKE UNDERHILL RD. UNITE. 105
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify 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: DAVID NAHALI

OWNE

01/30/2009

Electronic Signature of Signing Officer or Director

Date