2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2011
Secretary of State

DOCUMENT# P02000044484

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

Current Principal Place of Business:

11325 LAKE UNDERHILL RD.
UNITE. 101
ORLANDO, FL 32825

New Principal Place of Business:

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

Current Mailing Address:

11325 LAKE UNDERHILL RD. UNITE. 101
UNITE. 101
ORLANDO, FL 32825

New Mailing Address:

11333 LAKE UNDERHILL RD. UNITE. 105
UNITE. 101
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
11325 LAKE UNDERHILL RD.
UNITE. 101
ORLANDO,, FL 32825 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: _____ 01/20/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID NAHALI DR 01/20/2011

Electronic Signature of Signing Officer or Director — Date