

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130606

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PHYSIOCARE MEDICAL & WELLNESS CENTER, INC.

**Current Principal Place of Business:**

8204 CRYSTAL CLEAR LANE  
SUITE 1500  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

8204 CRYSTAL CLEAR LANE  
SUITE 1500  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 61-1437137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JOHN, ARBOLEDA  
8204 CRYSTAL CLEAR LANE  
SUITE 1000  
ORLANDO, FL 32809 US

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

JOHN, ARBOLEDA  
8204 CRYSTAL CLEAR LANE  
SUITE 1500  
ORLANDO, FL 32809 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:

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: ARBOLEDA, JOHN  
Address: 8204 CRYSTAL CLEAR LANE SUITE 1500  
City-St-Zip: ORLANDO, FL 32809

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

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

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: JOHN ARBOLEDA

O

01/21/2009

Electronic Signature of Signing Officer or Director

Date