

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000167515

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA INJURY & WELLNESS CENTER, INC.

**Current Principal Place of Business:**

1005 LASCALA DR  
WINDERMERE, FL 34786

**New Principal Place of Business:**

4586 E MICHIGAN STREET  
ORLANDO, FL 32812

**Current Mailing Address:**

1005 LASCALA DR  
WINDERMERE, FL 34786

**New Mailing Address:**

4586 E MICHIGAN STREET  
ORLANDO, FL 32812

**FEI Number:** 20-2004069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD SUITE 485 SOUTH  
HOLLYWOOD, FL 33021 US

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD SUITE  
485 SOUTH  
HOLLYWOOD, FL 33021 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:** MITCHELL F. GREEN

10/06/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** SOFER, MICHAEL  
**Address:** 1005 LASCALA DR  
**City-St-Zip:** WINDERMERE, FL 34786

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

**Title:** D (X) Change ( ) Addition  
**Name:** SOFER, MICHAEL  
**Address:** 4586 E MICHIGAN STREET  
**City-St-Zip:** ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** MICHAEL SOFER

D

10/06/2005

Electronic Signature of Signing Officer or Director

Date