

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000167515

FILED
Aug 05, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA INJURY & WELLNESS CENTER, P.A.

Current Principal Place of Business:

4586 E MICHIGAN STREET
ORLANDO, FL 32812

New Principal Place of Business:

6700 CONROY ROAD
SUITE 200
ORLANDO, FL 32835

Current Mailing Address:

4586 E MICHIGAN STREET
ORLANDO, FL 32812

New Mailing Address:

6700 CONROY ROAD
SUITE 200
ORLANDO, FL 32835

FEI Number: 20-2004069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD.
SUITE 485 S.
HOLLYWOOD, FL 33021 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

OFFICERS AND DIRECTORS:

Title: D
Name: SOFER, MICHAEL
Address: 1005 LASCALA DR.
City-St-Zip: WINDERMERE, FL 34786

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: MICHAEL SOFER

OFFI

08/05/2011

Electronic Signature of Signing Officer or Director

Date