

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141636

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: OVIEDO INJURY & WELLNESS CENTER INC.

## Current Principal Place of Business:

1000 EXECUTIVE DR. SUITE2  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

1000 EXECUTIVE DR. SUITE2  
OVIEDO, FL 32765

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RESSLER, MARTIN  
811 FAITH ST  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

RESSLER, V M DR  
811 FAITH ST  
MAITLAND, FL 32751 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: DR. V. MARTIN RESSLER III

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RESSLER, III, MARTIN V  
Address: 811 FAITH ST  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: RESSLER, III, MARTIN V  
Address: 811 FAITH ST  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: V. MARTIN RESSLER III

DR.

01/13/2006

Electronic Signature of Signing Officer or Director

Date