

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141636

FILED
Mar 20, 2007
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:

1000 EXECUTIVE DR.
SUITE2
OVIEDO, FL 32765

Current Mailing Address:

1000 EXECUTIVE DR. SUITE2
OVIEDO, FL 32765

New Mailing Address:

1000 EXECUTIVE DR.
SUITE2
OVIEDO, FL 32765

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESSLER, V M DR
811 FAITH ST
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

RESSLER, VERNON M DR
1000 EXECUTIVE DR.
SUITE2
OVIEDO, FL 32765 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. VERNON MARTIN RESSLER III

03/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () 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, VERNON M III
Address: 1000 EXECUTIVE DR.
City-St-Zip: OVIEDO, FL 32765

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: VERNON MARTIN RESSLER III

DR.

03/20/2007

Electronic Signature of Signing Officer or Director

Date