2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2011
Secretary of State

DOCUMENT# P05000141636

Entity Name: OVIEDO INJURY & WELLNESS CENTER INC.

Current Principal Place of Business:

1000 EXECUTIVE DR.
SUITE2
OVIEDO, FL 32765

New Principal Place of Business:

870 CLARK STREET
SUITE 1040
OVIEDO, FL 32765

Current Mailing Address:

1000 EXECUTIVE DR.
SUITE2
OVIEDO, FL 32765

New Mailing Address:

870 CLARK STREET
SUITE 1040
OVIEDO, FL 32765

FEI Number: 01-0845853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RESSLER, VERNON M DR
870 CLARK STREET
SUITE 1040
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: 03/10/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DR
Name: RESSLER, VERNON M III
Address: 870 CLARK STREET SUITE 1040
City-St-Zip: OVIEDO, FL 32765

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: VERNON MARTIN RESSLER III DR 03/10/2011
Electronic Signature of Signing Officer or Director — Date