

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141636

FILED
Mar 27, 2012
Secretary of State

Entity Name: OVIEDO INJURY & WELLNESS CENTER INC.

Current Principal Place of Business:

870 CLARK STREET
SUITE 1040
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

870 CLARK STREET
SUITE 1040
OVIEDO, FL 32765

New Mailing Address:

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
870 CLARK STREET
SUITE 1040
OVIEDO, FL 32765 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: 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.

03/27/2012

Electronic Signature of Signing Officer or Director

Date