

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024323

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** FERRERA INJURY CENTER, INC.

**Current Principal Place of Business:**

1318 EAST VINE ST.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1318 EAST VINE ST.  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 26-2114730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

EDMONDSON, DAVID R  
623 CAREY WAY  
ORLANDO, FL 32825 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: P.D  
Name: EDMONDSON, DAVID R  
Address: 623 CAREY WAY  
City-St-Zip: ORLANDO, FL 32825

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: DAVID R. EDMONDSON

PRES

03/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date