

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000106936

FILED
Feb 28, 2012
Secretary of State

Entity Name: LAKES INJURY WELLNESS CENTER, CORP.

Current Principal Place of Business:

15100 NW 67TH AVENUE
203
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15100 NW 67TH AVENUE
203
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 45-4216376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, AIDA E
15100 NW 67TH AVENUE
203
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

ROBERTSON, GARY A
15100 NW 67TH AVENUE
203
MIAMI LAKES, FL 33014 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: GARY A ROBERTSON

02/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROBERTSON, GARY A
Address: 15100 NW 67TH AVENUE # 203
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP
Name: PHILLIPS, AIDA E
Address: 15100 NW 67TH AVENUE # 203
City-St-Zip: MIAMI LAKES, FL 33014

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: GARY A ROBERTSON

P

02/28/2012

Electronic Signature of Signing Officer or Director

Date