

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90021 002 \*\*\*150.00

**A0000350**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P97000038359</b>			
1. Entity Name <b>SUNMED HEALING &amp; INJURY CENTER, INC.</b>			
Principal Place of Business <b>3919 SE LAKE WEIR AVENUE OCALA FL 34480 US</b>		Mailing Address <b>3919 SE LAKE WEIR AVENUE OCALA FL 34480 US</b>	
2. Principal Place of Business <b>2410 SE 36th Ave</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OCALA, FL</b>		City & State	
Zip <b>34471</b>		Country <b>MARION</b>	
4. FEI Number <b>59-3447095</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PRESTIPINO, CHARLES 3919 SE LAKE WEIR AVENUE OCALA FL 34480</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D PRESTIPINO, CHARLES 3919 SE LAKE WEIR AVENUE OCALA FL 34480</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Charles Prestipino</b>		Date <b>1-4-01</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/00)