

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 15, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P97000038359**

**1. Entity Name  
SUNMED HEALING & INJURY CENTER, INC.**



**Principal Place of Business  
2410 SE 36TH AVE  
OCALA, FL 34471 US**

**Mailing Address  
2410 SE 36TH AVE  
OCALA, FL 34471 US**



07122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3447095**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PRESTIPINO, CHARLES  
2410 SE 36TH STREET  
OCALA, FL 34491**

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME PRESTIPINO, CHARLES  
STREET ADDRESS 2410 SE 36TH AVE  
CITY-ST-ZIP Ocala, FL 34471**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP**

11000000166370  
07/15/04-800016-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/14/04 352-6208114**

Date

Daytime Phone #