

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000038359

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



**FILED  
Jan 09, 2008 8:00 am  
Secretary of State**

01-09-2008 90011 048 \*\*\*150.00

400000641



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3447095	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PRESTIPINO, CHARLES  
230 SW 3RD AVE  
OCALA, FL 34471

**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 CHARLES Prestipino President

1/7/08

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  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**DO NOT WRITE  
IN THIS SPACE**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PRESTIPINO, CHARLES  
STREET ADDRESS 230 SW 3RD AVE  
CITY-ST-ZIP OCALA, FL 34474

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Charles Prestipino

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Prestipino 1/7/08 352-620-8414

Date

Daytime Phone #