2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# P97000038359

Entity Name: SUNMED HEALING & INJURY CENTER, INC.

Current Principal Place of Business:

230 SW 3RD AVE
OCALA, FL 34474 US

New Principal Place of Business:

230 SW 3RD AVE
OCALA, FL 34471 US

Current Mailing Address:

230 SW 3RD AVE
OCALA, FL 34474 US

New Mailing Address:

230 SW 3RD AVE
OCALA, FL 34471 US

FEI Number: 59-3447095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESTIPINO, CHARLES
230 SW 3RD AVE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

PRESTIPINO, CHARLES
230 SW 3RD AVE
OCALA, FL 34471 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: _____ 03/15/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: PRESTIPINO, CHARLES
Address: 230 SW 3RD AVE
City-St-Zip: OCALA, FL 34471

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: CHARLES PRESTIPINO PRES 03/15/2011
Electronic Signature of Signing Officer or Director — Date