

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000084969

**Entity Name:** FERRERA INJURY & WELLNESS CENTER, INC.

**Current Principal Place of Business:**

460 E. ALTAMONTE DRIVE  
SUITE 2500  
ALTAMONTE SPRINGS, FL 32701-1868

**Current Mailing Address:**

PO BOX 781400  
ORLANDO, FL 32878-1400 US

**FEI Number:** 27-1129400

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DIETZ, WILLIAM J  
334 S. WYMORE ROAD  
B  
WINTER PARK, FL 32789 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            EDMONDSON, DAVID R  
Address        623 CAREY WAY  
City-State-Zip: ORLANDO FL 32825

*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:** DAVID R. EDMONDSON

P

04/27/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date