

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106607

FILED
Mar 01, 2011
Secretary of State

Entity Name: KISSIMMEE PRIMARY CARE/ANTI-AGING WELLNESS AND WEIGHT LOSS CENTER PA

Current Principal Place of Business:

1520 N. JOHN YOUNG PKWY.
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

1520 N. JOHN YOUNG PKWY.
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 36-4615687 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AHMAD, SAEED M.D.
1520 N. JOHN YOUNG PKWY.
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: AHMAD, SAEED M.D.
Address: 1520 N. JOHN YOUNG PKWY.
City-St-Zip: KISSIMMEE, FL 34741 US

Title: T
Name: AHMAD, SAEED M.D.
Address: 1520 N. JOHN YOUNG PKWY.
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S
Name: AHMAD, SAEED
Address: 1520 N. JOHN YOUNG PKWY.
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D
Name: AHMAD, SAEED M.D.
Address: 1520 N. JOHN YOUNG PKWY.
City-St-Zip: KISSIMMEE, FL 34741 US

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: SAEED AHMAD

P

03/01/2011

Electronic Signature of Signing Officer or Director

Date