

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000012313

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** METABOLIC WEIGHT LOSS SOLUTIONS, INC

**Current Principal Place of Business:**

593 SE PORT ST. LUCIE BLVD  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

807 SW CANARY TER  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 77-0710032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINAR, HOLLY A VP  
807 SW CANARY TER  
PORT ST. LUCIE, FL 34953 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: TAYLOR, SHAWNA L  
Address: 2991 S. LOOKOUT BLVD  
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: VP  
Name: SINAR, HOLLY A  
Address: 807 SW CANARY TER  
City-St-Zip: PORT ST. LUCIE, FL 34953 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: HOLLY A. SINAR

VP

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date