

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000040723

**Entity Name:** PRESCRIPTION WEIGHT LOSS 2, INC.

**Current Principal Place of Business:**

8084 NORTH DAVIS HWY  
E-2  
PENSACOLA, FL 32514

**Current Mailing Address:**

2775 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**FEI Number:** 27-2562945

**Certificate of Status Desired:** No

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

TYRA, BRANDACE  
1160 LONGWOOD DRIVE  
GULF BREEZE, FL 32563 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 TYRA, BRANDACE  
Address 1160 LONGWOOD DRIVE  
City-State-Zip: GULF BREEZE FL 32563

*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:** BRANDACE TYRA

PSD

03/27/2020

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

\_\_\_\_\_  
Date