

2019 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 S TYRA

PSD

03/01/2019

Electronic Signature of Signing Officer/Director Detail

Date