

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000067119

**Entity Name:** MD WEIGHT LOSS LOW T, INC.

**Current Principal Place of Business:**

8374 MARKET STREET  
#183  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8374 MARKET STREET  
#183  
LAKEWOOD RANCH, FL 34202

**FEI Number:** 46-3395533

**Certificate of Status Desired:** No

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

MORIARTY, BRENDEN S ESQ  
1001 THIRD AVE WEST  
650  
BRADENTON, FL 34205 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 MATHEW, MANOJ  
Address 8374 MARKET STREET, #183  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VP  
Name MATHEW, MANOJ  
Address 8374 MARKET STREET, #183  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title S  
Name MATHEW, MANOJ  
Address 8374 MARKET STREET, #183  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title T  
Name MATHEW, MANOJ  
Address 8374 MARKET STREET, #183  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** MANOJ MATHEW

**PRESIDENT**

**02/12/2019**

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

\_\_\_\_\_  
Date