

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000022930

**FILED  
Apr 30, 2015  
Secretary of State  
CC3638472846**

**Entity Name:** PEDIATRIC AND FAMILY WELLNESS, WEIGHT CONTROL CENTER LLC

**Current Principal Place of Business:**

3900 NW 79 AVENUE  
SUITE # 100  
MIAMI, FL 33166

**Current Mailing Address:**

3900 NW 79 AVENUE  
SUITE # 100  
MIAMI, FL 33166

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

DE DIEGO, JORGE A MD  
3900 NW 79 AVENUE  
SUITE # 100  
MIAMI, FL 33166 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 DE DIEGO, JORGE A MD  
Address 3900 NW 79 AVENUE SUITE #100  
City-State-Zip: MIAMI FL 33166

Title VP  
Name DE DIEGO, ANA S MRS  
Address 3900 NW 79 AVENUE SUITE#100  
City-State-Zip: MIAMI FL 33166

Title TREA  
Name HASS, MARIA MRS  
Address 3900 NW 79 AVENUE SUITE # 100  
City-State-Zip: MIAMI FL 33166

Title EXECUTIVE SECRETARY  
Name DE DIEGO, CHRISTINE JR.  
Address 3900 NW 79 AVENUE SUITE # 100  
City-State-Zip: MIAMI FL 33166

*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: JORGE A DE DIEGO MD**

**P**

**04/30/2015**

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

\_\_\_\_\_  
Date