

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 575029

**FILED**  
**Oct 25, 2011**  
**Secretary of State**

**Entity Name:** ISLAND WEIGHT CLINIC, INC.

**Current Principal Place of Business:**

1365 N COURTENAY PKWY, SUITE E  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

1365 N COURTENAY PKWY, SUITE E  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 59-1855394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAURIA, PATRICIA J.  
1365 N COURTENAY PKWY, SUITE E  
MERRITT ISLAND, FLORIDA, FL 32953 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:** PATRICIA J. LAURIA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAURIA, PATRICIA J  
**Address:** 1222 ADMIRALTY BLVD  
**City-St-Zip:** ROCKLEDGE, FL 32955

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:** PATRICIA J. LAURIA

P

10/25/2011

Electronic Signature of Signing Officer or Director

Date