


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90012 044 \*\*\*150.00

<b>DOCUMENT # G87487</b>			
1. Entity Name <b>METABOLIC CENTERS, INC.</b>			
Principal Place of Business <b>7867 KENDALL DR. #100 MIAMI FL 33156</b>		Mailing Address <b>7867 KENDALL DR. #100 MIAMI FL 33156</b>	
2. Principal Place of Business - No P.O. Box # <b>7867 Kendall DR</b>		3. Mailing Address <b>7867 Kendall DR</b>	
Suite, Apt. #, etc. <b>#80</b>		Suite, Apt. #, etc. <b>#80</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33156</b>	Country	Zip <b>33156</b>	Country
6. Name and Address of Current Registered Agent  <b>MARKS, ALLAN B. 7825 S.W. 48 COURT #900 MIAMI FL 33143</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD WEISSMAN, PETER N. 7867 KENDALL DR, #100 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD WEISSMAN JUDY 7867 KENDALL DR, #100 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07  
Date

305-274-7300  
Daytime Phone #