2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G87487

1. Entity Name
METABOLIC CENTERS, INC.

Principal Place of Business	Mailing Address
7867 KENDALL DR. #80 MIAMI, FL 33156	7867 KENDALL DR. #80 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

04042008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2423221	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, ALLAN B.
7825 S.W. 48 COURT
#900
MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEISSMAN, PETER N.
STREET ADDRESS	7867 KENDALL DR, #100
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	STD
NAME	WEISSMAN JUDY
STREET ADDRESS	7867 KENDALL DR, #100
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80091-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____   4-8/08   305-374-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #