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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90692 011 ***150.00

DOCUMENT # P01000120987

1. Entity Name
BRZEZINSKI WEIGHT LOSS, P.A.

Principal Place of Business	Mailing Address
848 1ST AVENUE NORTH SUITE 300 NAPLES, FL 34102	848 1ST AVENUE NORTH SUITE 300 NAPLES, FL 34102

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0014975
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRZEZINSKI, DIANE D.O.
~~848 1ST AVENUE NORTH~~ 311-9TH ST N
~~SUITE 300~~ Suite 310
NAPLES, ~~FL 34102~~ Naples, FL 34102

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRZEZINSKI, DIANE D.O.
STREET ADDRESS	848 1ST AVENUE NORTH SUITE 300
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 239 261-9990
SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #