**FILED**
**Apr 24, 2006 08:00 AM**
**Secretary of State**

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000120987

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

| Principal Place of Business | Mailing Address |
|---|---|
| 311 9TH ST N<br>SUITE 310<br>NAPLES, FL 34102 | 311 9TH ST N<br>SUITE 310<br>NAPLES, FL 34102 |

04142008 No Chg-P CR2E034 (11/05)

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.
311 9TH ST. N.
SUITE 310
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, typed 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, 2006 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 | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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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:** _____ 4/10/06 2392024727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #