

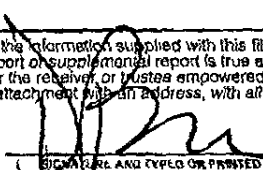
04-14-'06 10:04 FROM-

T-348 PQ4/07 U-667

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 311 9TH ST N SUITE 310 NAPLES, FL 34102		Mailing Address 311 9TH ST N SUITE 310 NAPLES, FL 34102
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BRZEZINSKI, DIANE D.O. 311 9TH ST. N. SUITE 310 NAPLES, FL 34102		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 the filer if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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		DO NOT WRITE IN THIS SPACE
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		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 of 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: 		4/17/06 2392624727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #