

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90001 033 ***550.00

DOCUMENT # P02000020087

1. Entity Name

THE DIET DOCTOR, INC.



Principal Place of Business

7025 BERACASA WAY,
SUITE 101
BOCA RATON FL 33433

Mailing Address

7025 BERACASA WAY,
SUITE 101
BOCA RATON FL 33433

04074331

2. Principal Place of Business

7280 W. PALMETTO PK RD

Suite, Apt. #, etc.

101

3. Mailing Address

7280 W. PALMETTO PK RD

Suite, Apt. #, etc.

101



MOORE

CR2E034 (4/04)

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

01-0646490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRARD, JOHN P M.D.
7025 BERACASA WAY,
SUITE 101
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name GIRARD John

Street Address (P.O. Box Number is Not Acceptable)

7280 W. PALMETTO PK RD Suite 101

City BOCA RATON

FL

Zip Code
33433

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GIRARD, JOHN P M.D.
STREET ADDRESS 7025 BERACASA WAY, SUITE #101
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE GIRARD John ☒ Change ☐ Addition
NAME
STREET ADDRESS 7280 W. PALMETTO PK RD Suite 101
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #