


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90352 026 \*\*\*150.00

<b>DOCUMENT # P02000044966</b>	
1. Entity Name <b>OMEGA MEDICAL WEIGHT LOSS CLINIC, INC.</b>	

Principal Place of Business <b>4755C PEGGY BOND DRIVE STE 2 PENSACOLA, FL 32504</b>	Mailing Address <b>4755C PEGGY BOND DRIVE STE 2 PENSACOLA, FL 32504</b>
--	--



2. Principal Place of Business <b>4755 Peggy Bond Dr.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>C-1</b>	Suite, Apt. #, etc.
City & State <b>Pensacola, Fl.</b>	City & State
Zip <b>32504</b>	Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0672048</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KIEVIT KELLY ODOM PA 15 W MAIN STREET PENSACOLA, FL 32501</b>	7. Name and Address of New Registered Agent Name <b>Kievit, ODOM + BARLOW</b> Street Address (P.O. Box Number is Not Acceptable) <b>635 W. GARDEN ST.</b> City <b>Pensacola</b> FL Zip Code <b>32502</b>
---	--

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 *Michael Barlow, V.P.* **4/30/04**  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WORTHEY, ANA J 19109 C R 13 FAIRHOPE, AL 36532</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WORTHEY, CARL J 19109 C R 13 FAIRHOPE, AL 36532</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Barlow* **4/30/04** **434-3056**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #