2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000078869

Entity Name: BEFORE AND AFTER WEIGHT LOSS CLINIC OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

139 D S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

139 C S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

Current Mailing Address:

139 D S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

New Mailing Address:

139 C S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

FEI Number: 74-3053716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCASKILL, LEE
4909 SOUTH US 1
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCASKILL, LEE
Address: 4909 S. US #1
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE MCCASKILL P 04/30/2009
Electronic Signature of Signing Officer or Director Date