

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089079

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: PRO-HEALTH WEIGHT MANAGEMENT, INC

## Current Principal Place of Business:

12777 W FOREST HILL BLVD  
1501  
WELLINGTON, FL 33414

## New Principal Place of Business:

12765 W FOREST HILL BLVD  
1309  
WELLINGTON, FL 33414

## Current Mailing Address:

12777 W FOREST HILL BLVD  
1501  
WELLINGTON, FL 33414

## New Mailing Address:

12765 W FOREST HILL BLVD  
1309  
WELLINGTON, FL 33414

FEI Number: 26-0017815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARNES, CAREN  
12071 SUNSET POINTE CT  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

PLACHTER, CAREN  
659 CYPRESS GREEN CIRCLE  
WELLINGTON, FL 33414 US

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: CAREN PLACHTER

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARNES, CAREN  
Address: 12071 SUNSET POINTE COURT  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: TAVERNISE, ANDREA  
Address: 12071 SUNSET POINTE COURT  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PLACHTER, CAREN  
Address: 659 CYPRESS GREEN CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change ( ) Addition  
Name: TAVERNISE, ANDREA  
Address: 659 CYPRESS GREEN CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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: CAREN PLACHTER

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date