

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089079

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Entity Name:** PRO-HEALTH WEIGHT MANAGEMENT, INC

**Current Principal Place of Business:**

12765 W FOREST HILL BLVD  
1309  
WELLINGTON, FL 33414

**New Principal Place of Business:**

12777 W FOREST HILL BLVD  
1501  
WELLINGTON, FL 33414

**Current Mailing Address:**

12765 W FOREST HILL BLVD  
1309  
WELLINGTON, FL 33414

**New Mailing Address:**

12777 W FOREST HILL BLVD  
1501  
WELLINGTON, FL 33414

**FEI Number:** 26-0017815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLACHTER, CAREN  
659 CYPRESS GREEN CIRCLE  
WELLINGTON, FL 33414 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  
Name: PLACHTER, CAREN  
Address: 659 CYPRESS GREEN CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: TAVERNISE, ANDREA  
Address: 659 CYPRESS GREEN CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: CAREN PLACHTER

PRES

02/27/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date