

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084631

FILED
Apr 18, 2011
Secretary of State

Entity Name: FORT PIERCE BEFORE AND AFTER WEIGHT LOSS CLINIC, INC.

Current Principal Place of Business:

4909 SOUTH US #1
SUITE 4909
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4909 SOUTH US #1
SUITE 4909
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 42-1601791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCASKILL, LEE
801 SOUTH OCEAN DR. #808
FORT PIERCE, FL 34949 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

OFFICERS AND DIRECTORS:

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

Title: V
Name: WATSON, JOSHUA T
Address: 801 SOUTH OCEAN DR,
City-St-Zip: FORT PIERCE,, FL 34949

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: LEE MCCASKILL

P

04/18/2011

Electronic Signature of Signing Officer or Director

Date