## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000134432

Entity Name: BODYLOGICMD, INC.

FILED Mar 10, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2101 NW CORPORATE BLVD 1499 W PALMETTO PARK RD 405 215 BOCA RATON, FL 33431 BOCA RATON, FL 33486 **Current Mailing Address: New Mailing Address:** P O BOX 971051 1499 W PALMETTO PARK RD BOCA RATON, FL 33497 405 BOCA RATON, FL 33486 FEI Number: 90-0130556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAZER AND COMPANY 7700 W CAMINO REAL, SUITE 404 BOCA RATON, FL 33433 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition SAVAGE, PATRICK SAVAGE, PATRICK Name: Name:

PO BOX 971051 1499 W PALMETTO PARK RD, 405 Address: Address: City-St-Zip: BOCA RATON, FL 33497 City-St-Zip: BOCA RATON, FL 33486 Title: Title: (X) Change ( ) Addition () Delete SAVAGE, PAUL MD Name: Name: SAVAGE, TAMARA J

1130 W CORNELIA AVE UNIT J 1499 W PALMETTO PARK RD Address:

Address: BOCA RATON, FL 33486 CHICAGO, IL 60657 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition Name:

CASEY, RICHARD Name: 77 EAST HALSEY ROAD Address: City-St-Zip: PARSIPPANY, NJ 07054 City-St-Zip:

Address:

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: PATRICK W. SAVAGE **PRES** 03/10/2008