

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000042525

FILED
Oct 16, 2009
Secretary of State

Entity Name: ALPHA WEIGHT AND WELLNESS MEDICAL CLINIC, PA

Current Principal Place of Business:

172 SOUTH SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

172 SOUTH SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 81-0644179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLO, FLORENCIO
2012 DUTCHESS LANE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

ELLO, MD, FLORENCIO
2012 DUTCHESS LANE
WINTER PARK, FL 32792 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: FLORENCIO ELLO, MD

10/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLO, FLORENCIO MD
Address: 172 SOUTH SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: ST () Delete
Name: ELLO, REGINA
Address: 172 SOUTH SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ELLO, FLORENCIO MD
Address: 172 SOUTH SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: MRS (X) Change () Addition
Name: ELLO, REGINA
Address: 172 SOUTH SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

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: FLORENCIO ELLO, MD

PRES

10/16/2009

Electronic Signature of Signing Officer or Director

Date