

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042525

**FILED**  
**Mar 21, 2012**  
**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, MD, FLORENCIO  
2012 DUTCHESS LANE  
WINTER PARK, FL 32792 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: ELLO, FLORENCIO MD  
Address: 172 SOUTH SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32807

Title: D  
Name: ELLO, REGINA  
Address: 172 SOUTH SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32807

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: REGINA ELLO

D

03/21/2012

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

\_\_\_\_\_ Date