


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000056126		
1. Entity Name DOCTORS WEIGH, INC.		

Principal Place of Business 1421 SOUTH BURGANDY TRAIL JACKSONVILLE, FL 32259	Mailing Address 1421 SOUTH BURGANDY TRAIL JACKSONVILLE, FL 32259
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2. Principal Place of Business - No P.O. Box # 1421 S Burgandy Tr	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St Johns, FL	City & State
Zip 32259	Country U.S.

6. Name and Address of Current Registered Agent JAMES A. NOLAN, PA 4114 HERSCHEL ST., SUITE 105 JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name ASHAK BHANJI Street Address (P.O. Box Number is Not Acceptable) 1421 S Burgandy Tr City St Johns FL Zip Code 32259	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bhanji* DATE 5-22-08
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BHANJI, ASHAK 1421 S BURGANDY TR JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500130291735 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/28/08--01001--008 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bhanji* DATE 5-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
2008 MAY 28 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MAY 28 2008