2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# P05000113830

Entity Name: PHYSICIANS WEIGHT LOSS & WELLNESS INC

Current Principal Place of Business:

C/O SOUTH BROWARD ACCOUNTING SERVICE INC
1152 N UNIVERSITY DR STE 202
PEMBROKE PINES, FL 33024

New Principal Place of Business:

C/O SOUTH BROWARD ACCOUNTING SERVICE INC
5599 S UNIVERSITY DR STE 306
DAVIE, FL 33328

Current Mailing Address:

C/O SOUTH BROWARD ACCOUNTING SERVICE INC
1152 N UNIVERSITY DR STE 202
PEMBROKE PINES, FL 33024

New Mailing Address:

C/O SOUTH BROWARD ACCOUNTING SERVICE INC
5599 S UNIVERSITY DR STE 306
DAVIE, FL 33328

FEI Number: 20-3337755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEDIAK, MIRTA
1152 N UNIVERSITY DR STE 202
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CHEDIAK, MIRTA
5599 S UNIVERSITY DR STE 306
DAVIE, FL 33328 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: 05/02/2007
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: D ( ) Delete
Name: GOLDSMITH, CHARLES
Address: 2600 ISLAND BLVD #403
City-St-Zip: AVENTURA, FL 33160

Title: D ( ) Delete
Name: GOLDSMITH, JASON
Address: 3255 N E 184 ST #12-207
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES GOLDSMITH PRES 05/02/2007
Electronic Signature of Signing Officer or Director — Date