

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113830

FILED
Apr 28, 2011
Secretary of State

Entity Name: PHYSICIANS WEIGHT LOSS & WELLNESS INC

Current Principal Place of Business:

21097 N E 27 CT
STE 590
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3337755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, CHARLES L
21097 NE 27 CT
SUITE 590
AVENTURA, FL 33180 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: D
Name: GOLDSMITH, CHARLES
Address: 2600 ISLAND BLVD #403
City-St-Zip: AVENTURA, FL 33160

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

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: CHARLES L. GOLDSMITH

D

04/28/2011

Electronic Signature of Signing Officer or Director

Date