

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000113830

1. Entity Name
PHYSICIANS WEIGHT LOSS & WELLNESS INC



FILED

12 MAY 30 PM 2:00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
21097 N E 27 CT
STE 590
AVENTURA, FL 33180

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

21097 NE 27 CT

Suite, Apt. #, etc

Suite, Apt. #, etc.

SUITE 590

05082012

Chg-P

CR2E034 (12/11)

City & State

City & State

AVENTURA, FL

4. FEI Number

20-3337755

Applied For

Not Applicable

Zip

Country

Zip

33180

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSMITH, CHARLES L
21097 NE 27 CT
SUITE 590
AVENTURA, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GOLDSMITH, CHARLES
STREET ADDRESS 2600 ISLAND BLVD #403
CITY-ST-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE D
NAME GOLDSMITH, JASON
STREET ADDRESS 3255 N E 184 ST #12-207
CITY-ST-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GOLDSMITH, CHARLES L.
STREET ADDRESS 21097 NE 27 CT # 590
CITY-ST-ZIP AVENTURA, FL 33180 ☒ Change ☐ Addition

TITLE D
NAME GOLDSMITH, JASON
STREET ADDRESS 21097 NE 27 CT # 590
CITY-ST-ZIP AVENTURA, FL 33180 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

CHARLES L. GOLDSMITH 4/30/12 clgmdlpc@aol.com

MAY 30 2012

S. PRATHER