

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147705

FILED
Apr 27, 2009
Secretary of State

Entity Name: DR. LOSS' WEIGHT LOSS, FITNESS AND LONGEVITY INSTITUTE, INC.

Current Principal Place of Business:

6710 W SUNRISE BLVD
SUITE 110
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

6710 W SUNRISE BLVD
SUITE 110
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 20-3951044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, ROBERT M ESQ
SHOOSTER KAHN & KLEINMAN
777 S STATE RD 7
MARGATE, FL 33068 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LOSS, MICHAEL
Address: 6710 W SUNRISE BLVD, SUITE 110
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL R. LOSS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date