

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000156982

FILED
Oct 22, 2007
Secretary of State**Entity Name:** BODY LIGHT MEDICAL CENTER, INC.**Current Principal Place of Business:**13780 SW 26TH ST
SUITE 205
MIAMI, FL 33175**New Principal Place of Business:****Current Mailing Address:**13780 SW 26TH ST
SUITE 205
MIAMI, FL 33175**New Mailing Address:****FEI Number:** 20-3862506**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GLOVAN ENTERPRISES, INC
301 NW 84 AVE
SUITE 100
PLANTATION, FL 33324 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 () Delete
Name: MAITA, OSCAR
Address: 13780 SW 26TH ST SUITE 205
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: COLLAZO, MARIA E
Address: 13780 SW 26TH ST SUITE 205
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: JUBIS, MARISA
Address: 13780 SW 26TH ST SUITE 205
City-St-Zip: MIAMI, FL 33175

Title: D (X) Delete
Name: MOLINA, JOSE
Address: 13780 SW 26TH ST SUITE 205
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SANCHEZ, ENRIQUE
Address: 13780 SW 26TH ST SUITE 205
City-St-Zip: MIAMI, FL 33175

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: SE

D

10/22/2007

Electronic Signature of Signing Officer or Director

Date