

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077094

FILED
Apr 30, 2009
Secretary of State

Entity Name: MANUAL LYMPH DRAINAGE INSTITUTE, INC.

Current Principal Place of Business:

1112 WESTON RD
#163
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1112 WESTON RD
#163
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-5096636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIFALCO, LISA
1112 WESTON RD. #163
WESTON, FL 33326 US

Name and Address of New Registered Agent:

DIFALCO, LISA
2062 POLO GARDENS DR.
301
WELLINGTON, FL 33414 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: LISA DIFALCO

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DIFALCO, LISA
Address: 1112 WESTON RD. #163
City-St-Zip: WESTON, FL 33326

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: LISA DIFALCO

PS

04/30/2009

Electronic Signature of Signing Officer or Director

Date