


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90032 013 ***150.00

DOCUMENT # P06000124571	
1. Entity Name BODYLOGIC OF TAMPA, INC	

Principal Place of Business 1300 S EVERGREEN AVE CLEARWATER, FL 33756	Mailing Address 1300 S EVERGREEN AVE CLEARWATER, FL 33756
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2. Principal Place of Business - No P.O. Box # 4221 W SPRUCE ST. Suite, Apt. #, etc. # 1314	3. Mailing Address 4221 W. SPRUCE ST. Suite, Apt. #, etc. # 1314
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City & State Tampa, FL	City & State Tampa, FL
Zip 33607	Country US

6. Name and Address of Current Registered Agent FOX, RACHEL R 1300 S EVERGREEN AVE CLEARWATER, FL 33756	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4221 W. SPRUCE ST. # 1314 City Tampa FL Zip Code 33607	
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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.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOX, RACHEL R 1300 S EVERGREEN AVE CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4221 W. SPRUCE ST. # 1314 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rachel R Fox	DATE: 3/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	