

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90076 041 ***558.75

DOCUMENT # P06000127256

1. Entity Name
A TOTAL YOU, INC.



Principal Place of Business
789 S. FEDERAL HIGHWAY
SUITE 212
STUART, FLORIDA, 34994 US

Mailing Address
10072 S OCEAN DRIVE
SUITE 8 SOUTH
JENSEN BEACH, FL 34957 US



2. Principal Place of Business - No P.O. Box #
861 SW 27th Street
Suite, Apt. #, etc.
Suite 1

3. Mailing Address
same
Suite, Apt. #, etc.

06292007 Chg-P CR2E034 (12/06)

City & State
Palm City, FL
Zip
34990
Country
USA

City & State
Zip
Country

4. FEI Number
20-5659091
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELLEFF, THOMAS K MD
10072 S. OCEAN DRIVE
SUITE 8 SOUTH
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name THOMAS K. VELLEFF, MD.
Street Address (P.O. Box Number is Not Acceptable)
861 SW 27th Street
SUITE 1
City Palm City FL Zip Code 34990

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: Thomas K. Velleff MD

7-6-07

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 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME VELLEFF, THOMAS K MD
STREET ADDRESS 10072 S. OCEAN DR., SUITE 8 SOUTH
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE Thomas K. Velleff ☒ Change ☐ Addition
NAME
STREET ADDRESS 2141 SW Oakhill Way
CITY-ST-ZIP Palm City, FL 34990

TITLE VP
NAME VELLEFF, KATHRYN A
STREET ADDRESS 10072 S. OCEAN DR., SUITE 8 SOUTH
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE Kathleen Velleff ☒ Change ☐ Addition
NAME
STREET ADDRESS 2141 SW Oakhill Way
CITY-ST-ZIP Palm City, FL 34990

TITLE SECR
NAME VELLEFF, KATHRYN A
STREET ADDRESS 10072 S. OCEAN DR., SUITE 8 SOUTH
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE Kathleen Velleff ☒ Change ☐ Addition
NAME
STREET ADDRESS 2141 SW Oakhill Way
CITY-ST-ZIP Palm City, FL 34990

TITLE TREA
NAME VELLEFF, THOMAS K MD
STREET ADDRESS 10072 S. OCEAN DR., SUITE 8 SOUTH
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE Thomas K. Velleff ☒ Change ☐ Addition
NAME
STREET ADDRESS 2141 SW Oakhill Way
CITY-ST-ZIP Palm City, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Thomas K. Velleff MD

7-6-07

(772) 286-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #