2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P06000149476

Entity Name: WELLNESS & METABOLIC MEDICAL CENTER, INC.

Current Principal Place of Business:

150 SE 17TH ST
SUITE 702
OCALA, FL 34471

New Principal Place of Business:

301 SKYLINE DRIVE
LADY LAKE, FL 32159

Current Mailing Address:

150 SE 17TH ST
SUITE 702
OCALA, FL 34471

New Mailing Address:

301 SKYLINE DRIVE
LADY LAKE, FL 32159

FEI Number: 20-8260008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE HEALTH LAW FIRM
220 E. CENTRAL PARKWAY, STE. 2030
ALTAMONTE SPRINGS, FL 32701 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: PRES ( ) Delete
Name: LEWIN, PAMELA R M.D.
Address: 150 SE 17 TH ST
City-St-Zip: OCALA,, FL 34471

Title: SECY ( ) Delete
Name: LEWIN, LENA E
Address: 150 SE 17TH ST
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: LEWIN, PAMELA R M.D.
Address: 301 SKYLINE DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: SECY (X) Change ( ) Addition
Name: LEWIN, LENA E
Address: 301 SKYLINE DRIVE
City-St-Zip: LADY LAKE, FL 32159

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: PAMELA R LEWIN MD PRES 04/28/2009

Electronic Signature of Signing Officer or Director Date