2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P06000149476

Entity Name: WELLNESS & METABOLIC MEDICAL CENTER, INC.

Current Principal Place of Business:

301 SKYLINE DRIVE
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

301 SKYLINE DRIVE
LADY LAKE, FL 32159

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAMELA R LEWIN PRES 04/29/2011

Electronic Signature of Signing Officer or Director Date