2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P07000014204

Entity Name: ADVANCED SURGICAL WEIGHT LOSS INC

Current Principal Place of Business:

685 PALM SPRINGS
#1E
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

631 PALMS SPRINGS DR
STE 104
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

685 PALM SPRINGS
#1E
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

631 PALMS SPRINGS DR
STE 104
ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-8365155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
#C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

BELTRE, WILJON W MD PA
3416 HOLIDAY AVE
APOPKA, FL 32703 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: WILJON W BELTRE MD PA 04/17/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELTRE, WILJON W
Address: 685 PALM SPRINGS DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BELTRE, WILJON W
Address: 631 PALM SPRINGS DR #104
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: WILJON W BELTRE MD PA PRES 04/17/2008
Electronic Signature of Signing Officer or Director Date