

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000014764

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** WEIGHT LOSS SYSTEMS, LASER THERAPY AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

3837 SOUTHSIDE BOULEVARD  
SUITE 4  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

3837 SOUTHSIDE BOULEVARD  
SUITE 4  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 56-2638938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEATH, LISA G  
104 BERMUDA GREENS AVENUE  
PONTE VEDRA, FL 32081 US

**Name and Address of New Registered Agent:**

LEATH, LISA G  
80 AMHERST PLACE  
PONTE VEDRA, FL 32081 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/21/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEATH, LISA G  
Address: 80 AMHERST PLACE  
City-St-Zip: PONTE VEDRA, FL 32081 US

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: LISA LEATH

PRES

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date