2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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Entity Name: WEIGHT LOSS & BODY IMAGE CENTERS, INC.

Current Principal Place of Business:

2808 W. DR MARTIN LUTHER KING JR. BLVD
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 152199
TAMPA, FL 33684 US

New Mailing Address:

FEI Number: 26-1091387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, GREGORY T
2808 W DR M L K JR BLVD
TAMPA, FL 33607 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: DIR
Name: FLYNN, GREGORY T MD
Address: 2808 W. DR MARTIN LUTHER KING JR. BLVD
City-St-Zip: TAMPA, FL 33607 US

Title: PRES
Name: FLYNN, GREGORY T MD
Address: 2808 W. DR MARTIN LUTHER KING JR. BLVD
City-St-Zip: TAMPA, FL 33607 US

Title: SEC
Name: FLYNN, GREGORY T MD
Address: 2808 W. DR MARTIN LUTHER KING JR. BLVD
City-St-Zip: TAMPA, FL 33607 US

Title: TREA
Name: FLYNN, GREGORY T MD
Address: 2808 W. DR MARTIN LUTHER KING JR. BLVD
City-St-Zip: TAMPA, FL 33607 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: GREGORY T FLYNN, MD DIR 04/25/2011

Electronic Signature of Signing Officer or Director Date