

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000106607

**FILED**  
**Oct 16, 2008**  
**Secretary of State****Entity Name:** KISSIMMEE PRIMARY CARE/ANTI-AGING WELLNESS AND WEIGHT LOSS CENTER PA**Current Principal Place of Business:**1520 N. JOHN YOUNG PKWY.  
KISSIMMEE, FL 34741 US**New Principal Place of Business:****Current Mailing Address:**1520 N. JOHN YOUNG PKWY.  
KISSIMMEE, FL 34741 US**New Mailing Address:****FEI Number:** 36-4615687**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GAJRAJ, BOB M M.D.  
4966 PINE ISLAND ROAD  
LAUDERHILL, FL 33351 US**Name and Address of New Registered Agent:**RAHMAN, SYED S M.D.  
805 VIRGINIA AVE SUITE 16  
FORT PIERCE, FL 34982 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: SYED SHAFEEQ UR RAHMAN

10/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GAJRAJ, BOB M M.D.  
Address: 1520 N. JOHN YOUNG PKWY.  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: T ( ) Delete  
Name: GAJRAJ, MARILYN  
Address: 1520 N. JOHN YOUNG PKWY.  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S ( ) Delete  
Name: GAJRAJ, MARILYN  
Address: 1520 N. JOHN YOUNG PKWY.  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D ( ) Delete  
Name: GAJRAJ, BOB M M.D.  
Address: 1520 N. JOHN YOUNG PKWY.  
City-St-Zip: KISSIMMEE, FL 34741 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RAHMAN, SYED S M.D.  
Address: 1520 N. JOHN YOUNG PKWY.  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: T (X) Change ( ) Addition  
Name: KHAN, IMTIAZ  
Address: 1520 N. JOHN YOUNG PKWY.  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S (X) Change ( ) Addition  
Name: KHAN, IMTIAZ  
Address: 1520 N. JOHN YOUNG PKWY.  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D (X) Change ( ) Addition  
Name: RAHMAN, SYED S M.D.  
Address: 1520 N. JOHN YOUNG PKWY.  
City-St-Zip: KISSIMMEE, FL 34741 US

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: SYED SHAFEEQ UR RAHMAN M.D

P

10/16/2008

Electronic Signature of Signing Officer or Director

Date