

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122500

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** QUICK WEIGHT LOSS CENTERS SAP, INC.

**Current Principal Place of Business:**

4350 SUNRISE BLVD SUITE 122  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

4350 SUNRISE BLVD SUITE 122  
PLANTATION, FL 33313

**New Mailing Address:**

FEI Number: 22-3971793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TEPPS, JEROME L  
10167 W SUNRISE BLVD  
3RD FLOOR  
PLANTATION, FL 33322 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCHUMAN, C  
Address: 4350 W, SUNRISE BLVD, SUITE 122  
City-St-Zip: PLANTATION, FL 33313

Title: SD  
Name: ALLEN, LYNN S  
Address: 4350 W, SUNRISE BLVD, SUITE 122  
City-St-Zip: PLANTATION, FL 33313

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: LYNN ALLEN

SD

02/19/2010

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

\_\_\_\_\_ Date