

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125721

FILED
Apr 17, 2008
Secretary of State

Entity Name: CENTER FOR MEDICAL WEIGHT LOSS AND AESTHETICS, P.A.

Current Principal Place of Business:

631 PALM SPRINGS DR.
SUITE #104
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

631 PALM SPRINGS DR.
SUITE #104
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 26-1445609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELTRE, MAGDALENA M.D.
3416 HOLLIDAY AVE.
APOPKA, FL 32703 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: P () Delete
Name: BELTRE, MAGDALENA M.D.
Address: 3416 HOLLIDAY AVE.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAGDALENA BELTRE

PRES

04/17/2008

Electronic Signature of Signing Officer or Director

Date