2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P07000125721

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:

521 W. STATE RT 434
SUITE #301
LONG WOOD, FL 32750

Current Mailing Address:

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

New Mailing Address:

521 W. STATE RT 434
SUITE #301
LONG WOOD, FL 32750

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 G. BELTRE PRES 04/02/2009
Electronic Signature of Signing Officer or Director — Date