2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

DOCUMENT# P08000050383

Entity Name: HORMONE DEFICIENCY TREATMENT CENTER INC.

Current Principal Place of Business:

4371 NORTH LAKE BLVD
#126
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

1411 10TH ST
LAKE PARK, FL 33403

Current Mailing Address:

4371 NORTH LAKE BLVD
#126
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 80-0190957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LATERZA, ANTHONY V JR.
4371 NORTH LAKE BLVD
#126
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

PALEMIRE, DONNA M
4371 NORTH LAKE BLVD
#126
PALM BEACH GARDENS, FL 33410 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: DONNA M PALEMIRE 01/11/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: PALEMIRE, DONNA
Address: 4371 NORTH LAKE BLVD #126
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: DONNA M PALEMIRE PRES 01/11/2010
Electronic Signature of Signing Officer or Director Date