2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 28, 2012
Secretary of State

DOCUMENT# P08000051730

Entity Name: PERFECT FORM WEIGHT-LOSS CLINIC, INC.

Current Principal Place of Business:

145 AVENUE G SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7532
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 26-2673269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKSTROM-HILL, DALE
800 N. LAKE ELOISE DR.
WINTER HAVEN, FL 33884 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

OFFICERS AND DIRECTORS:

Title: P
Name: WICKSTROM-HILL, DALE
Address: 800 N. LAKE ELOISE DR.
City-St-Zip: WINTER HAVEN, FL 33884

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: DALE WICKSTROM-HILL, D.O. D.O 08/28/2012

Electronic Signature of Signing Officer or Director Date