

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102136

FILED
May 01, 2012
Secretary of State

Entity Name: HEALTH-AIDE PAIN & WEIGHT MANAGEMENT INC

Current Principal Place of Business:

8313 W. HILLSBOROUGH AVE
SUITE 260
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8313 W. HILLSBOROUGH AVE
SUITE 260
TAMPA, FL 33615

New Mailing Address:

7603 GUNN HWY
SUITE C
TAMPA, FL 33625

FEI Number: 26-3727373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADRAZO, YOLANDA
5822 N THATCHER AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

GARI, LAZARO
5822 N THATCHER AVE
TAMPA, FL 33614 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: LAZARO GARI

05/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CLAY, CHARLES DR.
Address: 8313 W HILLSBOROUGH AVE STE 260
City-St-Zip: TAMPA, FL 33615

Title: T
Name: GARI, LAZARO
Address: 5822 N THATCHER AVE
City-St-Zip: TAMPA, FL 33614

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: DR CHARLES CLAY

PD

05/01/2012

Electronic Signature of Signing Officer or Director

Date