2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# P09000011385

Entity Name: FORT MYERS NEWLIFE MEDICAL WEIGHT LOSS, INC

Current Principal Place of Business:

8574 SOUTH LAKE CIRCLE
FT MYERS, FL 33908

New Principal Place of Business:

13450 PARKER COMMONS BLVD. #105
FT MYERS, FL 33912

Current Mailing Address:

8574 SOUTH LAKE CIRCLE
FT MYERS, FL 33908

New Mailing Address:

13450 PARKER COMMONS BLVD. #105
FT MYERS, FL 33912

FEI Number: 26-3627068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914 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: PD
Name: JOSEPH, ALEXANDER
Address: 8574 SOUTH LAKE CIRCLE
City-St-Zip: FT MYERS, FL 33908

Title: VPD
Name: DELANEY, JEFFREY ROBERT
Address: 7124 LAKERIDGE COURT #230
City-St-Zip: FT MYERS, FL 33907

Title: STD
Name: ARCEMENT, BRIAN
Address: 9130 PASEO DE VALENCIA
City-St-Zip: FT MYERS, FL 33908

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: ALEXANDER JOSEPH PD 03/31/2010

Electronic Signature of Signing Officer or Director Date