

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000011385

FILED
Feb 17, 2011
Secretary of State

Entity Name: FORT MYERS NUVIVA MEDICAL WEIGHT LOSS INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date