

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000070228

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** LIPOFAST, INCORPORATED

**Current Principal Place of Business:**

5979 VINELAND ROAD  
SUITE 209  
ORLANDO, FL 32819

**New Principal Place of Business:**

1803 PARK CENTER DRIVE  
SUITE 210  
ORLANDO, FL 32835

**Current Mailing Address:**

5979 VINELAND ROAD  
SUITE 209  
ORLANDO, FL 32819

**New Mailing Address:**

1803 PARK CENTER DRIVE  
SUITE 210  
ORLANDO, FL 32835

**FEI Number:** 59-3629994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANLEY, ALLISON W  
5979 VINELAND ROAD  
SUITE 209  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

HANLEY, ALLISON W  
1803 PARK CENTER DRIVE  
SUITE 210  
ORLANDO, FL 32835 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:

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HANLEY, ALLISON W  
Address: 1803 PARK CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32835

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: ALLISON HANLEY,MD

MR

02/18/2011

Electronic Signature of Signing Officer or Director

Date