

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000098973

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** BERNIER WEIGHT LOSS CENTER INC

**Current Principal Place of Business:**

221 WEST 23RD STREET  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

1606 TENNESSEE AVENUE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

221 WEST 23RD STREET  
PANAMA CITY, FL 32405

**New Mailing Address:**

1606 TENNESSEE AVENUE  
LYNN HAVEN, FL 32444

**FEI Number:** 27-1515928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANEY, ROGER L III  
1378 NORTH RAILROAD AVE  
CHIPLEY, FL 32428 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:** P  
**Name:** BERNIER, ARACELIA  
**Address:** 1606 TENNESSEE AVENUE  
**City-St-Zip:** LYNN HAVEN, FL 32444

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:** ARACELIA BERNIER

DR

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date