

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000052023

FILED
Feb 23, 2012
Secretary of State

Entity Name: OLDE NAPLES NUVIVA MEDICAL WEIGHT LOSS INC

Current Principal Place of Business:

201 8TH STREET SOUTH SUITE 103
NAPLES, FL 34102

New Principal Place of Business:

201 8TH STREET SOUTH
SUITE 103
NAPLES, FL 34102

Current Mailing Address:

201 8TH STREET SOUTH SUITE 103
NAPLES, FL 34102

New Mailing Address:

201 8TH STREET SOUTH
SUITE 103
NAPLES, FL 34102

FEI Number: 27-2895156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, ALEXANDER
201 8TH STREET SOUTH SUITE 103
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BERTUCCI, CHARLES
201 8TH STREET SOUTH SUITE 103
NAPLES, FL 34102 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: CHARLES BERTUCCI

02/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: BERTUCCI, CHARLES
Address: 1553 BONITA LANE
City-St-Zip: NAPLES, FL 34102

Title: DS
Name: BOZZA, BRIAN W
Address: 1857 MISSION DR
City-St-Zip: NAPLES, FL 34109

Title: PTD
Name: JOSEPH, ALEXANDER
Address: 8574 S LAKE CIRCLE
City-St-Zip: FT MYERS, FL 33912

Title: DVP
Name: DELANEY, JEFFREY R
Address: 7124 LAKERIDGE CT #230
City-St-Zip: FT MYERS, FL 33907

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: CHARLES BERTUCCI

DVP

02/23/2012

Electronic Signature of Signing Officer or Director

Date