

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000012226

**Entity Name:** HEALTHY LIVING WEIGHT LOSS, P.A.

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

903 ESCOBAR AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

903 ESCOBAR AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 27-4824647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THE MEDI-LAW FIRM  
2100 PONCE DE LEON BLVD  
SUITE 1000  
CORAL GABLES, FL 33134 US

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

THE MEDI-LAW FIRM  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: MAX A ADAMS ESQ

02/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHONG, HERNANDO E  
Address: 903 ESCOBAR AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: CHONG, SELINA A  
Address: 903 ESCOBAR AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: HERNANDO CHONG

D

02/06/2012

Electronic Signature of Signing Officer or Director

Date