

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050357

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** GREATER ORLANDO MEDICAL WEIGHT LOSS, INC.

**Current Principal Place of Business:**

424 LAKE HOWELL ROAD  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

424 LAKE HOWELL ROAD  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 45-2409882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSSINSKY, MARC P  
2699 LEE ROAD, SUITE 101  
WINTER PARK, FL 32789 US

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

CB & G SERVICES INC  
283 CRANES ROOST BLVD  
SUITE 165  
ALTAMONTE SPRINGS, FL 32701 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: CB & G SERVICES INC

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/T  
Name: CRUZ, RENE F M.D.  
Address: 424 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: VP/S  
Name: EDWARDS, EMELINA I  
Address: 424 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

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: EMELY EDWARDS

OM

04/12/2012

Electronic Signature of Signing Officer or Director

Date