

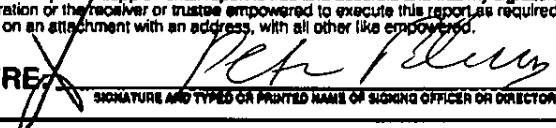
2009

2008-FOR PROFIT CORPORATION ANNUAL REPORT

FILED

09 JUN -2 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016879					
1. Entity Name REDISCOVER YOURSELF, INC.					
Principal Place of Business 101 PARK PLACE BLVD., SUITE 1-A KISSIMMEE, FL 34741			Mailing Address 101 PARK PLACE BLVD., SUITE 1-A KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3295851	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOUST, KATHLEEN M 17 S. ORLANDO AVE. KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	POULOS, PETER S		NAME		
STREET ADDRESS	101 PARK PLACE BLVD., STE. 1-A		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP		
TITLE	MAILING ADDRESS	☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Peter Poulos M.D.	☐ Delete	TITLE	8001566700	☐ Change ☐ Addition
NAME	3956 Town Center Blvd.		NAME	06/02/09--01021--003	**150.00
STREET ADDRESS	#287		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32837	☐ Delete	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			APR 28 2009		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

PETER POULOS MD
PSYCHIATRIST