

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095104

FILED
Jan 15, 2007
Secretary of State

Entity Name: WEIGHT LOSS & FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

17011 PINES BLVD
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

17011 PINES BLVD
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-0627079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, CATHERINE
17011 PINE BLVD
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

LEVINSON, CATHERINE
17011 PINE BLVD
PEMBROKE PINES, FL 33027 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: CATHERINE E LEVINSON

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMOS, CATHERINE
Address: 890 SW 174TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEVINSON, CATHERINE
Address: 890 SW 174TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE LEVINSON

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01/15/2007

Electronic Signature of Signing Officer or Director

Date