

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000021451

FILED
Apr 06, 2011
Secretary of State

Entity Name: AMERICAN NUTRITION CLINICS, INC.

Current Principal Place of Business:

7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0783308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCA, MAURIZIO DR.
7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: LUCA, MAURIZIO DR.
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: VP
Name: LUCA, ANNA
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

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: DR. MAURIZIO LUCA

P

04/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date