

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000046964

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** FIT FOR LIFE OF NORTH CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

4031 N.W. 97TH BLVD., STE D  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

4031 N.W. 97TH BLVD.,  
SUITE D  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

4031 N.W. 97TH BLVD., STE D  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

4031 N.W. 97TH BLVD.,  
SUITE D  
GAINESVILLE, FL 32606 US

**FEI Number:** 59-3385811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'REILLY, MONICA B  
4031 N.W. 97TH BLVD., STE D  
GAINESVILLE, FL 32606 US

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

O'REILLY, MONICA B  
3506 N.W. 5TH STREET  
GAINESVILLE, FL 32609 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:

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: O'REILLY, MONICA B  
Address: 3506 N.W. 5TH STREET  
City-St-Zip: GAINESVILLE, FL 32609 US

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: MONICA B. O'REILLY

DP

01/16/2012

Electronic Signature of Signing Officer or Director

Date