

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000108433

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** BODYWORKS CENTER FOR PERFECT HEALTH, INC.

**Current Principal Place of Business:**

535 NORMANDY  
MADERIA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

14266 N. GALATEA DR.  
#A  
FOUNTAIN HILLS, AZ 85268

**New Mailing Address:**

**FEI Number:** 59-3495679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SLEDGE, SHERRY L  
14266 N. GALATEA DR. # A  
FOUNTAIN HILLS ARIZONA, FL 85268 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: SLEDGE, SHERRY L  
Address: 14266 N. GALATEA DR. #A  
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: STVP  
Name: SHORE, SHARLA L  
Address: 14007 SHIEFIELD DR. #B  
City-St-Zip: FOUNTAIN HILLS, AZ 85268

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: SHERRY SLEDGE

P

03/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date