

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052792

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** BODY WISE SPECIALISTS INC.

**Current Principal Place of Business:**

230 FIFTH AVENUE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

201 FOURTH AVE  
INDIALANTIC, FL 32903

**Current Mailing Address:**

230 FIFTH AVENUE  
INDIALANTIC, FL 32903

**New Mailing Address:**

201 FOURTH AVE.  
INDIALANTIC, FL 32903

**FEI Number:** 59-3581235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFMANN, REGINA M  
230 FIFTH AVENUE  
INDIALANTIC, FL 32903 US

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

KAUFMANN, REGINA M  
201 4TH AVE.  
INDIALANTIC, FL 32903 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/09/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTV  
Name: KAUFMANN, REGINA M  
Address: 201 FOURTH AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: D  
Name: KAUFMAN, MARY PATRICIA  
Address: 201 FOURTH AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: MRS  
Name: INGRAM, CHRISTINE M  
Address: 201 FOURTH AVE.  
City-St-Zip: INDIALANTIC, FL 32903

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: REGINA M. KAUFMANN

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

DR.

01/09/2012

\_\_\_\_\_  
Date