2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# S81867

Entity Name: MYERS WEIGHT LOSS CLINIC, INC.

Current Principal Place of Business:

251 MAITLAND AVE
SUITE 208
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

200 MAITLAND AVE
#110
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3082950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MYERS, LISA
200 MAITLAND AVE
#110
ALTAMONTE SPRINGS, FL 32701 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: PD
Name: MYERS, LISA ANN
Address: 200 MAITLAND AVE #110
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: LISA MYERS OWNE 02/18/2011

Electronic Signature of Signing Officer or Director Date