

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 575029

**Entity Name:** ISLAND WEIGHT CLINIC, INC.

**Current Principal Place of Business:**

1450 N COURTENAY PKWY  
SUITE 3  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

1450 N COURTENAY PKWY  
SUITE 3  
MERRITT ISLAND, FL 32953 US

**FEI Number:** 59-1855394

**Certificate of Status Desired:** No

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

LAURIA, PATRICIA J.  
1450 N COURTENAY PKWY  
SUITE 3  
MERRITT ISLAND, FL 32953 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LAURIA, PATRICIA J  
Address 1222 ADMIRALTY BLVD  
City-State-Zip: ROCKLEDGE FL 32955

*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:** PATRICIA LAURIA

**PRESIDENT**

**04/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date