

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575029

(4)

1. Corporation Name

ISLAND WEIGHT CLINIC, INC.



Principal Place of Business

1365 N COURTENAY PKWY. SUITE E
MERRITT ISLAND FL 32953

Mailing Address

1365 N COURTENAY PKWY. SUITE E
MERRITT ISLAND FL 32953

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

LAURIA, PATRICIA J.
1365 N COURTENAY PKWY, SUITE E
MERRITT ISLAND, FLORIDA FL 32953

3. Date Incorporated or Qualified	3a. Date of Last Report
06/07/1978	03/30/1995
4. FEI Number	Applied For Not Applicable
59-1855394	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person filing this report (the filer)

Signature of the person filing this report (the filer)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LAURIA, PATRICIA J 6505 TULSA BLVD COCOA, FL 00000	1. TITLE	Change Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	
TITLE		5. TITLE	Change Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	
TITLE		9. TITLE	Change Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	Change Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	Change Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: y

Patricia J. Lauria

PATRICIA J. LAURIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/19/96

x 407-453-2410

CR2E034 (12/95)