

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766669 (6)
1. Corporation Name
TLC CLINIC, INC.



Principal Place of Business
**249 E PALMETTO PK RD
BOCA RATON FL 33432**

Mailing Address
**249 E PALMETTO PK RD
BOCA RATON FL 33432**

3. Date Incorporated or Qualified
01/24/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **2215 N Military Trail**
Suite, Apt. #, etc.
22 **A-4**
City & State
23 **West Palm Beach, FL**
Zip
24 **33409**

2a. Mailing Address
26 **P.O. Box 37**
Suite, Apt. #, etc.
27
City & State
28 **Boynton Beach FL**
Zip
29
Country
30 **USA**

4. FEI Number
59-2336324

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

9. Name and Address of Current Registered Agent
**OTTO, MARILYN
125 CRAWFORD BLVD.
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALTERS, CAROLE	
STREET ADDRESS	525 NW 13TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, GARY	
STREET ADDRESS	651 TULIP TREE LANE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, RICK	
STREET ADDRESS	2701 HAMPTON CIRCLE N	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYELL, CARMEN	
STREET ADDRESS	640 HERON DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKIN, LYNNE	
STREET ADDRESS	9311 KETAY CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTTON, WAYNE	
STREET ADDRESS	2951 NW 27TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Greg Smith	
1.3 STREET ADDRESS	P.O. Box 37 N/A	
1.4 CITY-ST-ZIP	West Palm Bch, FL 33402	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Susan Butcher	
2.3 STREET ADDRESS	125 Crawford Blvd.	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Carroll	
3.3 STREET ADDRESS	1601 Forum Pl. Ste. 17	
3.4 CITY-ST-ZIP	West Palm Bch, FL 33401	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Todd Mullins	
4.3 STREET ADDRESS	5312 Northlake Blvd.	
4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ann Aker	
5.3 STREET ADDRESS	1445 NW 2nd Ave.	
5.4 CITY-ST-ZIP	Boca Raton, FL 33431	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Norm Benz	
6.3 STREET ADDRESS	P.O. Box 32146 N/A	
6.4 CITY-ST-ZIP	Palm Beach, FL 33420	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carole M. Walters* *Carole M. Walters* 2/1/96 407-736-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)