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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 2215 N. MILITARY TRAIL SUITE A-4 WEST PALM BEACH FL 33409 US
Mailing Address: P.O. BOX 37 BOYNTON BEACH FL 33425-0037 US

3. Date Incorporated or Qualified: 01/24/1983
3a. Date of Last Report: 02/09/1996
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SMITH, GREG P.O. BOX 377 NA WEST PALM BEACH FL	1.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S BUTCHER, SUSAN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D Burns, Sid <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	125 CRAWFORD BLVD	2.3 STREET ADDRESS	9954 NW 65 Manor
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33076
TITLE	T CARROLL, JOHN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D Chapman, Gary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	1601 FORUM PLACE SUITE 17	3.3 STREET ADDRESS	651 Tullip Tree Lane
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	D MULLINS, TODD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS	6312 NORTHLAKE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	D AKER, ANN <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/D OKeefe, Jeff <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS	1445 NW 2ND AVENUE	5.3 STREET ADDRESS	7471 Red Bay Pl
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D BENZ, NORM <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D Smith, Tim <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS	P.O. BOX 32146 NA	6.3 STREET ADDRESS	221 NW 35 St,
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP	Boca Raton, FL 33431

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE _____ DATE 5/2/97

CP2E037 (9/96)