

# F010000003431

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL WEIGHT LOSS CENTERS, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for  
"Certificate of Existence", and check are submitted to  
to transact business in Florida.

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-06/25/01--01039--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Please return all correspondence concerning this matter.

JOSEPH H. McBrannan  
(Name of Person)

PROFESSIONAL WEIGHT LOSS CENTERS, INC.  
(Firm/Company)

3101 RICHMOND ROAD Ste. 311  
(Address)

LEXINGTON KY. 40509  
(City/State and Zip code)

For further information concerning this matter, please call:

JOSEPH H. McBrannan at 859, 266.8488  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PROFESSIONAL WEIGHT LOSS CENTERS, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. KENTUCKY 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 1, 1995 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. "Upon qualification"  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3101 Richmond Road Suite 311, LEXINGTON, Ky. 40509  
(Principal office address)  
same as above  
(Current mailing address)
8. medical weight loss services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: Neri L Martinez - Attorney At Law  
Office Address: 1111 Oakfield Dr STE 115  
Beardon, Florida 33511  
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Neri L Martinez

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Joseph H. Mcbrannahan

Address: 1600 RALEIGH ROAD

LEXINGTON, Ky. 40505

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: PATRICIA A. Green-Mcbrannahan

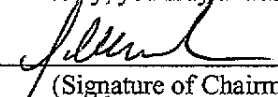
Address: 1600 RALEIGH ROAD LEXINGTON, Ky. 40505

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOSEPH H. Mcbrannahan - President  
(Typed or printed name and capacity of person signing application)



**John Y. Brown III**  
**Secretary of State**  
**Certificate of Existence**

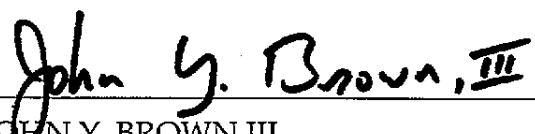
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**PROFESSIONAL WEIGHT LOSS CENTERS, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is May 1, 1995 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16<sup>th</sup> day of April, 2001.

  
JOHN Y. BROWN III  
Secretary of State  
Commonwealth of Kentucky  
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