

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F51521** (5)

1. Corporation Name
CHILDREN'S WEIGHT MANAGEMENT CLINIC, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:37

Principal Place of Business Mailing Address
7301 UNIVERSITY DRIVE, #210 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/28/1981** 3a. Date of Last Report **06/15/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2141771		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BALOCCO, JOSEPH M 1323 SE 3RD AVENUE FT. LAUDERDALE FL 33317				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 is 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 607.0115, Florida Statutes.

SIGNATURE _____ DATE **1-11-95**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KATELL, ALAN D., PHD	1.2 NAME					
STREET ADDRESS	7301 UNIVERSITY DR., 210	1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP					
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, unchanged, or on an attachment with an addressee.

SIGNATURE: _____ DATE **1-11-95 (305) 475-9564**