

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # F96000006393 (0)

1. Corporation Name

US MEDICAL WEIGHT LOSS CENTERS, INC.



Principal Place of Business

Mailing Address

410 HORSHAM RD  
HORSHAM PA 19044

410 HORSHAM RD  
HORSHAM PA 19044-2012

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

12/06/1996

3a. Date of Last Report

4. FEI Number

23-2862838

Applied For

Not Applicable

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

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 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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DC  
HEISLEY, MICHAEL E  
STREET ADDRESS 5600 3 1ST NATIONAL PLAZA  
CITY-ST-ZIP CHICAGO IL 60602

TITLE ☐ DELETE

NAME D  
MEADOWS, STANLEY H  
STREET ADDRESS 227 W MONROE ST  
CITY-ST-ZIP CHICAGO IL 60608-5096

TITLE ☐ DELETE

NAME DPT  
HAYESON, BRIAN  
STREET ADDRESS 410 HORSHAM RD  
CITY-ST-ZIP HORSHAM PA 19044

TITLE ☐ DELETE

NAME V  
DIBARTOLMEIO, JOSEPH DR  
STREET ADDRESS 410 HORSHAM RD  
CITY-ST-ZIP HORSHAM PA 19044

TITLE ☐ DELETE

NAME S  
ROSEN, JOEL D  
STREET ADDRESS 410 HORSHAM RD  
CITY-ST-ZIP HORSHAM PA 19044

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 410 Horsham Road  
1.4 CITY-ST-ZIP Horsham PA 19044

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 410 Horsham Road  
2.4 CITY-ST-ZIP Horsham PA 19044

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME T  
CINDY RAVITCH  
6.3 STREET ADDRESS 410 Horsham Road  
6.4 CITY-ST-ZIP Horsham PA 19044

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

SIGNATURE:

*Sandra B. Mortham*

4/24/97 (215)442-5300

CR2E034 (9/96)