FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K88835 (9)

1. Corporation Name

DOCTORS DIAGNOSTIC, REHABILITATION AND WEIGHT LO SS CENTER, INC.

Principal Place of Business	Mailing Address
1601 BELVEDERE RD., #500-E WEST PALM BEACH FL 33406	1601 BELVEDERE RD., #500-E WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 2a. Mailing Address

3. Date Incorporated or Qualified	3a. Date of Last Report
05/17/1989	11/28/1994

4. FEI Number: 65-0144936 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Elections Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

KAPLAN, ERIC S
1601 BELVEDERE RD., #500-E
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL — Zip Code:

11. [illegible]

SIGNATURE:

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
D	KAPLAN, ERIC	648 US HIGHWAY ONE	NORTH PALM BCH FL
D	HIRSCH, JULIAN	648 US HIGHWAY ONE	NORTH PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Change / Addition
P/T				[X] Addition
S	Cuden, Craig T.	1601 Belvedere Rd., #500East	West Palm Beach, FL 33406	[X] Change

14. [illegible]

SIGNATURE: Craig T. Cuden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Craig T. Cuden

4-27-95

407-684-2225

0245480 CP