Zin	FILED Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90035 023 ***150.00			-	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L87540 1. Entity Name NATIONAL WEIGHT LOSS CENTERS, INC.					
Suite. Apt. #. etc. Suite. Apt. #. etc. Do Not WRITE IN THIS SPACE City & State City & State City & State A. FEI Number 59-3017025 Zife. Country .2p Country .3c Certificate of Status Desired SR.75.A RASKINS, STEPHEN H. .2ard30 USH MGHWAY 19 NORTH State Address of Ourient Registered Agent .7. Name and Address of New Registered Agent VI. Address of Current Registered Agent .7. Name and Address of New Registered Agent State Address (P.O. Box Number is Not Acceptable) State Address (P.O. Box Number is Not Acceptable) SUITE 213 City & State City & State CLEARWATER FL 34623 City & FLE 100Will FEE 15 \$150.00 Name State Address (P.O. Box Number is Not Acceptable) State of Flex MU to State of Flex Address (P.O. Box Number is Not Acceptable) SUITE 213 City & FLE 100Will FEE 15 \$150.00 Name City This corporation enders and decists to do co. Mater MAY 1, 2001 Fee will be \$550.00 Nater Maters State Address (P.O. Box Number is Not Acceptable) Mater MAY 1, 2001 Fee will be \$550.00 Nater Maters This corporation enders on beek City FILE NOWII! FEE 15 \$150.00 Nater Maters This corporation is not beek Mater MAY 1, 2001 Fee will be \$550.00 Nater Maters This corporation is Not Nother Mater Address (City Fit Ma						4247 W KENNEDY BLVD	/D	NNEDY BLVD	4100 WEST KEI SUITE 226	
City & State City & State 4. FEI Number 59-3017025 Zig Country Zip Country S. Certificate of Status Desireo \$82,75, A. Fei Requit A. State S. Barne and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent HASKINS, STEPHEN H. 24700 US HIGHWAY 19 NORTH Name Street Address (P.O. Box Number is Not Acceptable) SUBATURE CLEARWATER FL 34623 City FL Zip Country FL SIGNATURE Genues: total system this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. State of Florida. SIGNATURE Genues: total system total system they statement of other total system total syst					3. Mailing Address	siness	ncipal Place of Business			
Zip Country Zip Country Status Desired \$8,75, A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent HASKINS, STEPHEN H. 24703 US HIGHWAY 19 NORTH SUITE 213 CLEARWATER FL 34623 Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 240 Cd B. The above named entity submits this statement for the purpose of changing its registered agent units of agentes agent and the fagales. INTE City FL 240 Cd State above named entity submits this statement for the purpose of changing its registered agent units of agentes agent and the fagales. INTE City FL 240 Cd State above named entity submits this statement for the purpose of changing its registered agent units of agentes. INTE Inte Image its international fagales. INTE International fagales. International fagales	DO NOT WRITE IN THIS SPACE					Suite, Apt. #, etc.		Suite, Apt. #, etc.		
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B. Name and Address of New Registered Agent Age	dditional	\$9.75 Add	ertificate of Status Desired	5. Certificate d	Country	Zip	Country	• <u> </u>	Zip -	
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SUITE 213 CLEARWATER FL 34623 Chry FL Zip Cd Chry FL Zip Cd 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Burature, typed or preference agent and the floptestata (NOTE Registered Agent agent and the floptestata OATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of \$1ate 10. Election Campaign Financing Trust Fund Contribution. \$5, Add 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES to OFFICERS AND DIRECTOR Wake Check Payable to Department of \$1ate Intel Make Intel Make Check Payable to	P.O. Box Number is Not Acceptable)			idress (P.O. Box Numbe						
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13. I 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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 11 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	er or director	h; that I am an officer (ppears in Block 11 or	egal effect as if made under oath; tha la Statutes; and that my name appea	ave the same legal effect pter 607, Florida Statutes	my signature shall hav as required by Chap l.	ue and accurate and that me ared to execute this report :	port or supplemental report is tru r the receiver or trustee empower	t on this repo rporation or t	indicated of the cor	