

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90163 016 \*\*\*150.00

**DOCUMENT # P01000076780**

1. Entity Name  
**QUICK WEIGHT LOSS CENTERS, INC.**



Principal Place of Business  
**4350 WEST SUNRISE BLVD., STE. 122  
PLANTATION, FL 33313**

Mailing Address  
**4350 WEST SUNRISE BLVD., STE. 122  
PLANTATION, FL 33313**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1130244**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TEPPS, JEROME L**  
**3411 POWERLINE RD., STE. 701** *2700 W. Cypress Creek Road, D130*  
**FT. LAUDERDALE, FL 33309** *FT. LAUDERDALE, FL 33309*

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D, PRESIDENT</b>
NAME	<b>SCHUMAN, PHILLIP R</b>
STREET ADDRESS	<b>4350 WEST SUNRISE BLVD., STE. 122</b>
CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>
TITLE	<b>VICE-PRESIDENT, DIRECTOR</b>
NAME	<b>SCHUMAN, PHILLIP R</b>
STREET ADDRESS	<b>4350 WEST SUNRISE BLVD, STE. 122</b>
CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>
TITLE	<b>SECRETARY, DIRECTOR</b>
NAME	<b>ALLEN, LYNN S.</b>
STREET ADDRESS	<b>4350 W. SUNRISE BLVD, STE. 122</b>
CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 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 10 or Block 11 if changed, or on an attachment with the same effect as if I were an officer or director.

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PHILLIP R SCHUMAN** *1/6/06 (954) 316-2151*

Date

Daytime Phone #