

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01172007 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
2700 W. CYPRESS CREEK RD.
D 130
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHUMAN, PHILLIP R 4350 WEST SUNRISE BLVD., STE. 122 PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHUMAN, PHILIP A 4350 W. SUNRISE BLVD., STE. 122 PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, LYNN S 4350 W. SUNRISE BLVD., STE 122 PLANTATION, FL 33313
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**DO NOT WRITE
IN THIS SPACE**

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01/24/07-80052-011 150.00

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 an address, with all other like empowered.

SIGNATURE:  **PHILLIP A. SCHUMAN**
1/17/07 9543162151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #