

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90510 021 ***150.00

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DOCUMENT # P02000062258

1. Entity Name

MEDICAL WEIGHT LOSS SPECIALISTS, INC.



Principal Place of Business
**2609 WOOLBRIGHT RD STE 1
BOYNTON BCH FL 33436**

Mailing Address
**2609 WOOLBRIGHT RD STE 1
BOYNTON BCH FL 33436**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04 368 9435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, JEFFREY L
54 NE FOURTH AVE
DELRAY BCH FL 33483**

7. Name and Address of New Registered Agent

Name **ANNE M. DODRO**
Street Address (P.O. Box Number is Not Acceptable)
2609 Woolbright Rd. Ste 1
City **Boynton Bch** FL Zip Code **33436**

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 **Anne M. Dodro**

Anne M. Dodro STD

12/2/03

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **Gregory Weatherford**
STREET ADDRESS **2609 Woolbright Rd, Suite 1**
CITY-ST-ZIP **Boynton Bch, FL 33436**

TITLE **STD** ☐ Delete
NAME **Anne M. Dodro**
STREET ADDRESS **2609 Woolbright Rd Suite 1**
CITY-ST-ZIP **Boynton Bch, FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

561-734-8400
Daytime Phone #

CR2E034 (10/02)