FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90708 042 ***150.00

DOCUMENT # P02000130459 1. Entity Name								
Beverly Hills Weight Loss of Central Florida, Inc.								
DO NOT WRITE IN THIS SPACE								
Principal Place of Business 300 International Parkway		Mailing Address 300 International Parkway						
Suite, Apt. #, etc. Suite 100		Suite 100				DO NOT WRITE I	N THIS SF	
City & State Heathrow, FL		City & State Heathrow, FL			4. F	75-3112586		Applied For Not Applicable
32746 Co US		Zip Country 32746 US			5 . C	ertificate of Status Desired		8.75 Additional ee Required
المار المار المارية المنظم الم	-	7. Name and Address of Current Registered Agent Name Christopher Swartz						
DO NOT WRITE IN THIS SPACE			-			ox Number is Not Acceptable)		
			}	300 Interna	300 International Parkway, Suite 100			
			ļ	City Heathro				
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 Christopher Swartz 4/28/03								
Signature, typed or printed Learne of registered Agent and title if publicable. (NOTF, Registered Agent signature required when reinstatung) DATE January 1 - May 1 Fee is \$150.00								
After, May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State Make Check Payable to Florida Department of State								
10.	OFFICERS AND DIRECT	TORS	TITLE					
NAME SUBJECT ADDRESS P/D - Christopher Swartz 300 International Parkway, Suite 100								1300
	Heathrow 51 32746			ADDRESS F-ZIP				E034R (1900)
TITLE NAME			TITLE					700
STREET ADDRESS CITY-ST-ZIP	SI			ADURESS				
TITLE			THLE					
NAME STREET ADDRESS	RESS S			ADDRESS		DO NOT-W	/C) 1.T	
CITY - ST - ZIP				I ZIP	DO NOT-WRITE			
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STREET ADDRESS CITY - S1 - ZIP			CITY-ST	j				
TITLE NAME			HITLE NAME					
STREET ADDRESS CITY-ST-ZIP			STREET A	ADDRESS - ZIP				
TITLE			HILE					
NAME STREET ADDRESS			,	ADDRESS				
12. I hereby certify that the inform	mation supplied with this filin	ng does not qualify for th	CITY-SI ne exemp	stion stated in Se	ection 11	9.07(3)(i), Florida Statules. I furt	her 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 on an attachment with an address, with all other like empowered.								
SIGNATURE: Christopher Swartz								
SiGN	NATURE AND TYPED OR PRINTED N	AME OF SIGNING OFFICER OR	DIRECTOR			Date	Daytir	me Phone #