

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076341

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** 4LIFE MEDICAL WEIGHT LOSS CLINICS, INC.

**Current Principal Place of Business:**

1951 SW 172ND AVE.  
SUITE 300  
MIRAMAR, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

1951 SW 172ND AVE.  
SUITE 300  
MIRAMAR, FL 33029 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIELDS, GLORIA  
1951 SW 172ND AVE.  
SUITE 300  
MIRAMAR, FL 33029 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: FIELDS, GLORIA  
Address: 1951 SW 172ND AVE. SUITE 300  
City-St-Zip: MIRAMAR, FL 33029 US

Title: DIR  
Name: FIELDS, ROBERT C  
Address: 1951 SW 172ND AVE. SUITE 300  
City-St-Zip: MIRAMAR, FL 33029 US

Title: PRES  
Name: ROBERT C. FIELDS, ROBERT C  
Address: 1951 SW 172ND AVE. SUITE 300  
City-St-Zip: MIRAMAR, FL 33029 US

Title: VP  
Name: FIELDS, GLORIA  
Address: 1951 SW 172ND AVE. SUITE 300  
City-St-Zip: MIRAMAR, FL 33029 US

Title: SEC  
Name: FIELDS, GLORIA  
Address: 1951 SW 172ND AVE. SUITE 300  
City-St-Zip: MIRAMAR, FL 33029 US

Title: TREA  
Name: FIELDS, GLORIA  
Address: 1951 SW 172ND AVE. SUITE 300  
City-St-Zip: MIRAMAR, FL 33029 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLORIA FIELDS

DIR

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date