2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# P10000076341

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:

17759 S.W. 2ND STREET
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

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

New Mailing Address:

17759 S.W. 2ND STREET
PEMBROKE PINES, FL 33029 US

FEI Number: 27-3493450 **FEI Number Applied For ( )** **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:

FIELDS, GLORIA
17759 S.W. 2ND STREET
PEMBROKE PINES, FL 33029 US

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: _____ 03/21/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: FIELDS, GLORIA
Address: 17759 S.W. 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DIR
Name: FIELDS, ROBERT C
Address: 17759 S.W. 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: PRES
Name: FIELDS, ROBERT C
Address: 17759 S.W. 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP
Name: FIELDS, GLORIA
Address: 17759 S.W. 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SEC
Name: FIELDS, GLORIA
Address: 17759 S.W. 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TREA
Name: FIELDS, GLORIA
Address: 17759 S.W. 2ND STREET
City-St-Zip: PEMBROKE PINES, 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: DR. ROBERT C. FIELDS D 03/21/2012
Electronic Signature of Signing Officer or Director — Date