

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90024 015 ***150.00

DOCUMENT # P94000046490

1. Corporation Name
METABOLIC CONSULTANTS, INC.



Principal Place of Business
412 S MISSOURI AVE
CLEARWATER FL 34616
US

Mailing Address
412 S MISSOURI AVE
CLEARWATER FL 34616
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6800 N. Dale Mabry

22 City & State

27 Suite 100
28 Tampa FL

23 Zip Country

29 33614 30 Hillsborough

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

59-2993117

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH ESQ, WALTER
1301 4TH ST N
ST PETE FL 33701

10. Name and Address of New Registered Agent

81 Name
Chuck Broes
82 Street Address (P.O. Box Number is Not Acceptable)
American Enterprise Solutions, Inc.
83 6800 N. Dale Mabry, Suite 100
84 City Tampa FL 85 Zip Code 33614

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Chuck Broes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LANSKY, ZENA
STREET ADDRESS 412 S MISSOURI AVE
CITY-ST-ZIP CLEARWATER FL

TITLE AOD
NAME CASTELLO, JOE
STREET ADDRESS 1501-1/2 SO. DALE MABRY, #102
CITY-ST-ZIP TAMPA FL 33677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD
1.2 NAME Cardwell C Nuckols
1.3 STREET ADDRESS 6800 N. Dale Mabry, Suite 100
1.4 CITY-ST-ZIP Tampa FL 33614

2.1 TITLE ED
2.2 NAME Chuck Broes
2.3 STREET ADDRESS 6800 N. Dale Mabry Suite 100
2.4 CITY-ST-ZIP Tampa FL 33614

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

ZENA LANSKY, M.D., F.A.C.S.

3/29/99

Date

(727) 298-0404

Daytime Phone #

CR2E034 (11/98)

0412920