

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # P94000085056 (7)

1. Corporation Name

LIFE TIME MEDICAL WEIGHT LOSS CENTER, INC.

Principal Place of Business

3000 IMMOKALEE RD
UNIT 10
NAPLES FL 33963
US

Mailing Address

P O BOX 356
SUITE 6308
BONITA SPRINGS FL 33942
US



2. Principal Place of Business	2a. Mailing Address
21 3461 Bonita Bay Blvd. Suite, Apt. #, etc.	26 3461 Bonita Bay Blvd. Suite, Apt. #, etc.
22 Suite 112 City & State	27 Suite 112 City & State
23 Bonita Springs, Fl. Zip Country	28 Bonita Springs, Fl. Zip Country
24 34134 25	29 34134 30

3. Date Incorporated or Qualified 11/17/1994	3a. Date of Last Report 07/13/1995
4. FEI Number 65-0547170	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

PARRY, TIMOTHY R
800 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

[Signature]

NOTE: Registered Agent signature required when incorporated.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BOWEN, RICHARD	
STREET ADDRESS	3000 IMMOKALEE RD UNIT 10	
CITY-STATE-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] CEO.

Date: 7-23-96 Daytime Phone #

CR2E034 (12/95)