2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# P95000037840

Entity Name: THE MEDICAL INSTITUTE FOR WEIGHT LOSS, INC.

Current Principal Place of Business:

2999 NE 191ST STREET
SUITE 400
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

2999 NE 191ST STREET
SUITE #705
NORTH MIAMI BEACH, FL 33180

Current Mailing Address:

2999 NE 191ST STREET
SUITE 400
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

2999 NE 191ST STREET
SUITE #705
NORTH MIAMI BEACH, FL 33180

FEI Number: 65-0581189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROSE, RICHARD
Address: 2999 NE 191ST STREET #400
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: VPD ( ) Delete
Name: POLLACK, DIANE
Address: 2999 NE 191ST STREET #400
City-St-Zip: NORTH MIAMI BEACH, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROSE, RICHARD
Address: 2999 NE 191ST STREET #705
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: VPD (X) Change ( ) Addition
Name: POLLACK, DIANE
Address: 2999 NE 191ST STREET #705
City-St-Zip: NORTH MIAMI BEACH, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD ROSE PD 02/07/2007

Electronic Signature of Signing Officer or Director — Date