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

DOCUMENT # **P95000050550 (9)**

1. Corporation Name

CENTER FOR NUTRITION AND WEIGHT LOSS, INC.

Principal Place of Business
SUITE 600
6280 SUNSET DR
MIAMI FL 33143

Mailing Address
SUITE 600
6280 SUNSET DR
MIAMI FL 33143

3. Date Incorporated or Qualified: 06/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 6280 Sunset Drive
Suite, Apt. #, etc. 22 600
City & State 23 Miami, FL
Zip 24 33143 Country 25

2a. Mailing Address
26 8525 SW 92nd Street
Suite, Apt. #, etc. 27 C-10
City & State 28 Miami, FL
Zip 29 33156 Country 30

4. FEI Number 65-0604717 ☐ 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
PROFESSIONAL REGISTERED AGENT CORP.
C/O SETH STOPEK, P.A.
200 S BISCAYNE BLVD SUITE 2350
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	James Leavitt	
STREET ADDRESS	6280 Sunset Drive, Suite 600	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	Vice-President	☐ DELETE
NAME	Michael Guber	
STREET ADDRESS	6280 Sunset Drive, Suite 600	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	Secretary	☐ DELETE
NAME	Howard Schwartz	
STREET ADDRESS	8950 N. Kendall Drive, Suite 508	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	Treasurer	☐ DELETE
NAME	Edward Feller	
STREET ADDRESS	8525 SW 92nd Street, Suite C-10	
CITY-ST-ZIP	Miami, FL 33156	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: James Leavitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 — Date
305 666 1333 — Daytime Phone #

CR2E034 (12/95)