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	Mailing Address
SUITE 600 6280 SUNSET DR MIAMI FL 33143	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
22 Suite, Apt. #, etc.: 600
23 City & State: Miami, FL
24 Zip: 33143 — 25 Country:

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	James Leavitt		1.2 NAME		
STREET ADDRESS	6280 Sunset Drive, Suite 600		1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33143		1.4 CITY-ST-ZIP		
TITLE	Vice-President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Michael Guber		2.2 NAME		
STREET ADDRESS	6280 Sunset Drive, Suite 600		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33143		2.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Howard Schwartz		3.2 NAME		
STREET ADDRESS	8950 N. Kendall Drive, Suite 508		3.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33176		3.4 CITY-ST-ZIP		
TITLE	Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Edward Feller		4.2 NAME		
STREET ADDRESS	8525 SW 92nd Street, Suite C-10		4.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33156		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added in an attachment with an address.

SIGNATURE: James Leavitt — 4-30-96 — 305 666 1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #