

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P95000086555 (6)

1. Corporation Name
WEIGHT LOSS ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

2. Principal Place of Business

21 1000 LINCOLN ROAD, #200

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 DADE

2a. Mailing Address

26 1000 LINCOLN ROAD, #200

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 MIAMI BEACH, FL.

Zip

29 33139

Country

30 DADE

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0628694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

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

~~CORPORATION COMPANY OF MIAMI~~
~~201 SOUTH DISCAYNE BOULEVARD~~
~~1300 MIAMI CENTER~~
~~MIAMI FL 33139~~

10. Name and Address of New Registered Agent

81 Name

MITCHELL RUBINSON

82 Street Address (P.O. Box Number is Not Acceptable)

1000 LINCOLN ROAD

83

SUITE 200

84 City

MIAMI BEACH

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.012 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of record 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 agree to fulfill the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

MITCHELL RUBINSON, DIRECTOR

4-10-97

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RUBINSON, MITCHELL

STREET ADDRESS 40 STAR ISLAND

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME RABINOWITZ, MARK L DR.

STREET ADDRESS 81 PALM AVENUE

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 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, its agent 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, changed or added in attachment with an address.

SIGNATURE

4/10/97 (305) 531-5011

CR2E034 (9/96)