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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094992 (1)

MEDICAL WEIGHT MANAGEMENT RESEARCH CENTERS, INC.

5479 À NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33306		5479 A NORTH F FT. LAUDERDALE							
						3. Date Incorporated or Qualified 12/14/1995	3a. Date 03/06		aport
2. Principal Pi	ace of Business	2a. Mailing Addre	ess			4. FEI Number		Ap	plied For
21		26				65-0628176		~ 	t Applicable
Suite, Apt.		Suite, Apt. #,	etc.			5. Certificate of Status Desired	; 	8.75 A Fee Re	Additional equired
City & State	•	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added t	
Zip	Country	Zip	├ ┐ '	country	•	8. This corporation has liability for			199.032,
24	25	29]	30				Yes X		
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New Re	gistered Age	ent	
	IANA, ROBERTA D.			В	Name				
5479 A NORTH FEDERAL HWY						Address (P.O. Box Number is Not Acceptate	ile)		
FOR	IT LAUDERDALE FL 33308			L	439	50 W SYNRISE BIVD	#122		
				83					}
				84		WO'CTATIVE	FL	7io (Code 313
signature	egistered agent, or both, in the State on tamiliar with, and accept the obligated and accept the obligated of the control of t	tions of, Section 607.	0505, Florida (Statule	s. ·	oration's board of directors. I hereby acceptions to board of directors. I hereby acceptions are surrounded when reinstating)	ot the appoin	tment as	registered
12.	OFFICERS AND		11	3.		ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTOR	S IN 12
TITLE	PD	DE	LETE 1.	1 TITLE			X	Change	Addition
NAME:	KAHANA, ROBERTA D		I i	2 NAME					
STREET ADDRESS	6479 A NORTH FEDERAL HIGH	IWAY	1	.3 STREE1	ADDRESS	4350 W. SUNRISE B	149 年)	ခေ	ŀ
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	\	1	4 CITY - S	T-ZIP	PIANTATION F).	33313		
TITLE		DE	LETE 2	.1 TITLE				Change	☐ Addition
NAME			2	2 NAME	l				1
STREET ADDRESS			į	3 STREET	ADDRESS				
CITY-ST-ZIP			1 2	. 4 CITY-	ST-ZIP				
TITLE	· .	☐ DE	LETE 3	1 TITLE				Change	☐ Addition
NAME :			[∳.	2 NAME					Í
STREET ADDRESS			\$.3 STREET	ADDRESS				
CITY-ST-ZIP			1 8	4. CITY~	ST-ZIP				1
TITLE		DE	LETE	.1 TITLE				Change	☐ Addition
NAME			i ,	2 NAME	1				Ì
STREET ADDRESS			1 4	.3 STREE1	ADDRESS				
CITY-ST-ZIP				4 CITY-S	T - ZIP				
TITLE		DE		1 TITLE			L.	Change	☐ Addition

5.3 STREET ADDRESS

6.1 TITLE

62 NAME

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 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.

DELETE

Change

Addition

FILED

May 19 1997 8:00am

Secretary of State