

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

FILED
May 20 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morahan Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000014097 (5)

1. Corporation Name

BODY CONTOURING CENTERS, INC.

Principal Place of Business

3700 CENTRAL AVE.
SUITE 1
FT. MYERS FL 33901

Mailing Address

3700 CENTRAL AVE.
SUITE 1
FT. MYERS FL 33901-8270



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVE.
TAMPA FL 33606

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

4. FTT Number

65-0645598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BRUECK, ROBERT J M.D.

STREET ADDRESS 3700 CENTRAL AVE.

CITY-ST-ZIP FT. MYERS FL 33901

TITLE D ☐ DELETE

NAME WIEMER, TOM

STREET ADDRESS 1501 CRANSVILLE ST.

CITY-ST-ZIP FT. MYERS FL 33919

TITLE D ☐ DELETE

NAME FLUHARTY, GARY

STREET ADDRESS PO BOX 60207

CITY-ST-ZIP FT. MYERS FL 33906

TITLE D ☐ DELETE

NAME PRICE, MIKE D.P.M.

STREET ADDRESS 3700 CENTRAL AVE.

CITY-ST-ZIP FT. MYERS FL 33901

TITLE D ☒ DELETE

NAME PORTER, MARVIN M.D.

STREET ADDRESS 790 CAPEVIEW DR.

CITY-ST-ZIP FT. MYERS FL 33919

TITLE D ☐ DELETE

NAME FRANSWAY, TONY M.D.

STREET ADDRESS 3635 CENTRAL AVE.

CITY-ST-ZIP FT. MYERS FL 33901

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 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 assignee 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)