PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81867

MYERS WEIGHT LOSS CLINIC, INC.

Principal Place of Business 4493 N. PINE HILLS RD ORLANDO FL 32808

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

200 MAITLAND AVE #110

2a. Mailing Address

City & State

Suite, Apt. #, etc.

ALTAMONTE SPRINGS FL 32701

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FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90015 042 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

'Added to Fees

Not Applicable

DO NOT	WRITE IN	21HT	SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

09/20/1991 4. FEI Number

59-3082950

Zip Country Zip Country 8. This corporation owes the current year Intangible	23		28				Trust Fund Contribution		'Added to	Fees
9. Name and Address of Current Registered Agent MYERS, LISA 409-25 SHEOAH BLVD. WINTER SPRINGS FL 32708 82 Street Address (P.O. Box Number is Not Acceptable) 83		Country	Zip	Co	ountry		8. This corporation owes the	current year Int	angible 5	ا ر
MYERS, LISA 409-25 SHEOAH BLVD. WINTER SPRINGS FL 32708 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 agent. I am findler with , and cacept the obligations 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 submitted by the corporations but this statement for the purpose of changing its registered office or registered agent, or both, in the State of 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 submitted by the corporations board of directors. I hereby accept the appointment as registered agent and mental provision of provision agent and the inspiration of scale and provisions of provisions of provisions of provisions of provisions of purpose agent and the inspiration of provisions of provis	24	25	29	30						No.
MYERS, LISA 409-25 SHEOAH BLVD. WINTER SPRINGS FL 32708 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 agent. an affailar with and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an adverage the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed of pured name of implications of, Section 607.0505, Florida Statutes. MYERS, LISA AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 11. TITLE DELETE 1.1 TITLE MYERS, LISA ANN STREET ADDRESS MYERS, LISA ANN 12. SINEET ADDRESS MYERS, LISA ANN 13. SIREET ADDRESS MYERS, LISA ANN 14. CITY-ST-2P MINTER SPRINGS FL DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 4.2 TITLE DELETE 3.1 TITLE MAKE SIRRET ADDRESS GITY-ST-2P TITLE DELETE 5.1 TITLE MAKE SIRRET ADDRESS GITY-ST-2P TITLE DELETE 5.1 TITLE MAKE SIRRET ADDRESS GITY-ST-2P TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE SIRRET ADDRESS GITY-ST-2P TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE SIRRET ADDRESS GITY-ST-2P TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE MAKE SIRRET ADDRESS GITY-ST-2P TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE SIRRET ADDRESS GITY-ST-2P TITLE DELETE 5.1 TITLE		9. Name and Address of	Current Registered Agent				10. Name and Address of N	ew Registered	Agent	
409-25 SHEOAH BLVD WINTER SPRINGS FL 32708 24 City FL 85 Zip Code T1. 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 agent, or both, in the State of Florida, Such changing states of the exportation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, Such changing states, the above-named corporation submits this statement for the purpose of changing its registered difficences. I hereby accept the appointment as registered difficences, in the above-named corporation is board of directors. I hereby accept the appointment as registered difficences. I hereby accept the difficences. I hereby accept the appointment as registered difficences. I hereby accept the design the design the registered difficences. I hereby accept the design					81	Name				
409-25 SHEDAH BLVD. WINTER SPRINGS FL 32708 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 agent. or affective 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 and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12 12. NAME 13. NADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OTFICERS AND DIRECTORS IN 12 15. NAME 16. NAME 16. NAME 17. NAME					82 Street Address (P.O. Box Number is Not Acceptable)					
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11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and the registered agent agent agent and the registered agent and the registered agent agent and the registered agent agent agent agent agent agent agent ag	WINT	WINTER SPRINGS FL 32708			83					
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Signature of printed name of implications (Another Replaced Agent and state of appricable. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.2 NAME 1.3 STREET ADDRESS 1.4 City. 51. 2/p ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.2 NAME 1.3 STREET ADDRESS 1.4 City. 51. 2/p ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.4 City. 51. 2/p ADDITIONS/CHANGES ADDITIONS/CHANGE	Affice or re	onictored agent of both in the	e state of Piorida, Such Chai	ilde was authoriz	60 DY 1	-named o he corpoi	corporation submits this statement for ration's board of directors. I hereby a	the purpose of accept the appoi	changing its r ntment as reg	istered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Cleanture based or printed name of regis	tered agent and title if applicable	(NOTE: Register	red Agent	signature re	quired when reinstating)			
TITLE	12.			_			ADDITIONS/CHANGES TO	OFFICERS AN		
NAME MYERS, LISA ANN 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP WINTER SPRINGS FL									Change	☐ Addition
Addition Change C				1.2	NAME		Myers, Lieu Agn			
Addition Change C	}			1.3	STREET	ADDRESS	900 WO!HOUST HAR #110			
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	CITY-ST-ZIP							4 15. "	mik. Here the ci-	

Increase certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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, with all other like empowered.

SIGNATURE: