

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

Entity Name
 SOUTH FLORIDA CENTER FOR OBESITY SURGERY INC.



Principal Place of Business
 700 EAST 1ST AVE
 HIALEAH, FL 33010

Mailing Address
 P.O. BOX 14-4131
 CORAL GABLES, FL 33114-4131

DO NOT WRITE IN THIS SPACE



01262004 000000 000000000000

4. FEI Number
 65-0164238

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 00000000
 0000000000

6. Name and Address of Current Registered Agent

QUIRANTES, RAMON
 4180 WEST 12TH AVE
 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 000000
 0000000000

000000070603
 03/01/04-80045-004 300.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIRANTES, RAMON 4180 W 12 AVE HIALEAH, FL 33012
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 2-29-04 Daytime Phone # _____