

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L33234

FILED
Jan 15, 2009
Secretary of State

Entity Name: SOUTH FLORIDA CENTER FOR OBESITY SURGERY INC.

Current Principal Place of Business:

700 EAST 1ST AVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14-4131
CORAL GABLES, FL 331144131

New Mailing Address:

FEI Number: 65-0164238 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUIRANTES, RAMON
Address: 4180 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON QUIRANTES

MR

01/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date