


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90076 047 ***150.00

DOCUMENT # P04000050064

1. Entity Name
PREMIER SURGICAL WEIGHT LOSS CENTER, INC.



Principal Place of Business
**2626 TAMPA RD, STE 204
 PALM HARBOR, FL 34684**

Mailing Address
**2626 TAMPA RD, STE 204
 PALM HARBOR, FL 34684**

2. Principal Place of Business - No P.O. Box #
712 INDEPENDENCE VALLEY DR

3. Mailing Address
712 INDEPENDENCE VALLEY DR


Suite, Apt. #, etc.

City & State
GRAND JUNCTION, CO.

City & State
GRAND JUNCTION, CO.

Zip
81503 Country
USA

Zip
81503 Country
USA



02262007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0973101 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASE, BRAD A
 2626 TAMPA RD, STE 204
 PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name
Louis C. Scovetts

Street Address (P.O. Box Number is Not Acceptable)
2430 ESTANGA BLVD STE 108

City
CLEARWATER FL Zip Code
33761

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CASE, BRAD A 2626 TAMPA RD, STE 204 PALM HARBOR, FL 34684 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 712 INDEPENDENCE VALLEY DR GRAND JUNCTION, CO 81503 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Brad Case, MD* 3/15/07 9702431699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #