
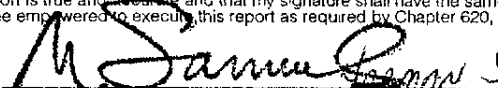


~~Due~~ **By May 1, 2004**

[illegible]

DOCUMENT # A02000000521						May 07, 2004 08:00 AM Secretary of State			
1. Entity Name BARIATRIC MANAGEMENT, LTD.									
Principal Place of Business 1699 E. OAKLAND PK. BLVD. FT. LAUDERDALE, FL 33334				Mailing Address 1699 E. OAKLAND PK. BLVD. FT. LAUDERDALE, FL 33334					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent KRAMER, ROBERT M C/O KRAMER, GREEN, ZUCKERMAN & GREENE, PA 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code					
4. FEI Number 02-0580432								Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>									
9. Capital Contributions as Shown on record. \$990.00				10. Amount of Capital Contributions in FLORIDA to date					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.									
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP					
SAMUELS, NORMAN 1699 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33334									
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP					
				000000158707 05/07/04-80033-005 150.00					
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14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.									
SIGNATURE:  SAMUELS 4/26/04 954566 9339									