


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000521 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		4. FEI Number 02-0580432	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRAMER, ROBERT M C/O KRAMER, GREEN, ZUCKERMAN & GREENE, PA 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		
NAME	SAMUELS, NORMAN		CITY - ST - ZIP		
STREET ADDRESS	1699 EAST OAKLAND PARK BLVD.				
CITY - ST - ZIP	FT. LAUDERDALE, FL 33334				
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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)(f), 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: <i>NORMAN SAMUELS, MD.</i>			Date 4/8/05 Daytime Phone # 954 566 9339		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE



04012005 Chg-LP CR2E003 (10/03)

4. FEI Number **02-0580432** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, ROBERT M
 C/O KRAMER, GREEN, ZUCKERMAN & GREENE, PA
 4000 HOLLYWOOD BLVD., SUITE 485 SO.
 HOLLYWOOD, FL 33021**

Name
 Street Address (P.O. Box Number is Not Acceptable)
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DOCUMENT #
 NAME **SAMUELS, NORMAN**
 STREET ADDRESS **1699 EAST OAKLAND PARK BLVD.**
 CITY - ST - ZIP **FT. LAUDERDALE, FL 33334**

13. ADDRESS CHANGES ONLY

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SIGNATURE: *NORMAN SAMUELS, MD.* Date **4/8/05** Daytime Phone # **954 566 9339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER