

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000316

FILED
Mar 09, 2009
Secretary of State

Entity Name: METABOLIC MEDICAL SPECIALISTS OF SOUTH FLORIDA, INC

Current Principal Place of Business:

1100 WEST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1100 WEST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 81-0586482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNARD A. SINGER, P.A.
3107 STIRLING ROAD
SUITE 105
FT. LAUDERDALE, FL 33312 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: PSTD () Delete
Name: STROM, GREGORY
Address: 2018 SW 101 LANE
City-St-Zip: MIRAMAR, FL 33025

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: STROM, GREGORY
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D () Change (X) Addition
Name: KENT, SAUL
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D () Change (X) Addition
Name: ANTRIASIAN, RON
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

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: RON ANTRIASIAN

D

03/09/2009

Electronic Signature of Signing Officer or Director

Date