Mar 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K89195

1. Corporation Name

PHYSICIANS BARIATRIC OF ALEXANDRIA, INC.

3. Date Incorporated or Qualifed 05/18/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2955828 Suite, Apt. #, etc. 5. Certificate of Status Desired 59-2955828 City & State 5. Certificate of Status Desired 58.75 Fee F. City & State 6. Election Campaign Financing 7 Added 7 Trust Fund Contribution Added 8 Personal Property Tax. 9 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 8 Soile August 17 N. GREEN COVE SPRINGS FL 32043 81 Name 8 Street Address (P.O. Box Number is Not Acceptable) 8 Street Address (P.O. Box Number is Not Acceptable) 8 Street Address (P.O. Box Number is Not Acceptable) 9 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Trent year Intangible Yes No Registered Agent table) FL 85 Zip Code e purpose of changing its registered ept the appointment as registered
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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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

-SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #