


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90076 039 \*\*\*138.75

<b>DOCUMENT # L02000011546</b> 1. Entity Name U.S. BARIATRIC, ORLANDO, LLC	
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Principal Place of Business 4800 N.E. 20TH TERRACE, STE. 303 FORT LAUDERDALE, FL 33308	Mailing Address 4800 N.E. 20TH TERRACE, STE. 303 FORT LAUDERDALE, FL 33308
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**DO NOT WRITE IN THIS SPACE**



04242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 36-4497364	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CAPLAN, LAWRENCE A 4800 N.E. 20TH TERRACE, STE. 303 FORT LAUDERDALE, FL 33308
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**DO NOT WRITE  
IN THIS SPACE**

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.

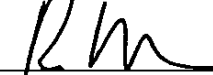
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM US BARIATRIC LLC 4800 NE 20TH TERRACE #303 FORT LAUDERDALE, FL 33308
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**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> 	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		