

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034784

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** U.S. BARIATRIC MANAGEMENT, LLC

**Current Principal Place of Business:**

300 HEALTH PARK BLVD  
SUITE 500203  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

300 HEALTH PARK BLVD  
SUITE 500203  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 06-1667089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWRENCE A. CAPLAN, P.A.  
1375 GATEWAY BLVD.  
SUITE 100  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

LAWRENCE A. CAPLAN, P.A.  
1375 GATEWAY BLVD.  
SUITE 39  
BOYNTON BEACH, FL 33426 US

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: /LAWRENCE CAPLAN/

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: US BARIATRIC, LLC  
Address: 300 HEALTH PARK BLVD., SUITE 500203  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR  
Name: MAREMA, ROBERT T  
Address: 300 HEALTH PARK BLVD., SUITE 500203  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: /ROBERT MAREMA/

MGR

04/07/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date