

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071902

FILED
May 02, 2006
Secretary of State

Entity Name: INSTITUTE OF BARIATRIC MEDICINE MANAGEMENT GROUP, LLC

Current Principal Place of Business:

2139 B-1 NE 2ND ST
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2139 B-1 NE 2ND ST
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-2478779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWICKI, JERRY
807-B SW 3RD AVE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SMITH, TINA M
1531 WEST PERU STREET
PRINCETON, IL, FL 61356 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: TINA M. SMITH

05/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLLOWAY, MICHAEL M
Address: 4421 NW HWY 27 SUITE 223
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL M. HOLLOWAY

MGR

05/02/2006

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