

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004702

Entity Name: NORTH FLORIDA BARIATRICS, LLC

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

1801 BARRS ST.
SUITE 900
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1801 BARRS ST.
SUITE 900
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPPANO, PAUL M.D.
1801 BARRS ST.
SUITE 900
JACKSONVILLE, FL 32204 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

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: CHAPPANO, PAUL MD
Address: 1801 BARRS STREET, SUITE 900
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VP () Change (X) Addition
Name: HERRERA, JAVIER MD
Address: 1801 BARRS STREET, SUITE 900
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VP () Change (X) Addition
Name: WEBB, STEVEN MD
Address: 1801 BARRS STREET, SUITE 900
City-St-Zip: JACKSONVILLE, FL 32204 US

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: PAUL CHAPPANO, M.D.

P

02/26/2007

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