

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004702

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: NORTH FLORIDA BARIATRICS, LLC

## Current Principal Place of Business:

1801 BARRS ST.  
SUITE 900  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

2 SHIRCLIFF WAY  
SUITE 900  
JACKSONVILLE, FL 32204

## Current Mailing Address:

1801 BARRS ST.  
SUITE 900  
JACKSONVILLE, FL 32204

## New Mailing Address:

2 SHIRCLIFF WAY  
SUITE 900  
JACKSONVILLE, FL 32204

FEI Number: 20-4130295

FEI Number Applied For ( )

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:

CHAPPANO, PAUL M.D.  
2 SHIRCLIFF WAY  
SUITE 900  
JACKSONVILLE, FL 32204 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: PAUL CHAPPANO

04/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

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

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: CHAPPANO, PAUL MD  
Address: 2 SHIRCLIFF WAY, SUITE 900  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VP (X) Change ( ) Addition  
Name: HERRERA, JAVIER MD  
Address: 2 SHIRCLIFF WAY, SUITE 900  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VP (X) Change ( ) Addition  
Name: WEBB, STEVEN MD  
Address: 2 SHIRCLIFF WAY, SUITE 900  
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify 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

MGR

04/20/2009

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