

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L33234

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA CENTER FOR OBESITY SURGERY INC.

**Current Principal Place of Business:**

700 EAST 1ST AVE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14-4131  
CORAL GABLES, FL 331144131

**New Mailing Address:**

**FEI Number:** 65-0164238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUIRANTES, RAMON  
4180 WEST 12TH AVE  
HIALEAH, FL 33012 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: QUIRANTES, RAMON  
Address: 4180 W 12 AVE  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAMON QUIRANTES

D

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date